## Case 21-21122-jrs Doc 1 Filed 10/27/21 Entered 10/27/21 13:32:43 Desc Main Document Page 1 of 58

| Fill in this information to identify your case: |                                 |                                      |
|---|---------------------------------|--------------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                      |
| NORTHERN DISTRICT OF GEORGIA                    | _                               |                                      |
| Case number (if known)                          | _ Chapter you are filing under: |                                      |
|   | ☐ Chapter 7                     |                                      |
|   | ☐ Chapter 11                    |                                      |
|   | ☐ Chapter 12                    |                                      |
|   | Chapter 13                      | ☐ Check if this is an amended filing |

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself   |  |  |   |  |  |
|-----|--|--|--|---|--|--|
|     |  | About Debtor 1:  |  | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |
| 1.  | Your full name   |  |  |   |  |  |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Robert First name  Metchell Middle name  Ward Last name and Suffix (Sr., Jr., II, III) |  | Marsha First name  Elaine Middle name  Ward  Last name and Suffix (Sr., Jr., II, III) |  |  |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  | Robert Metchell C Ward   |  |   |  |  |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)   | xxx-xx-1759  |  | xxx-xx-2565   |  |  |

Debtor 1 Robert Metchell Ward
Debtor 2 Marsha Elaine Ward

Case number (if known)

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |  |
|----|---|---|--|--|--|--|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ■ I have not used any business name or EINs.   |  |  |  |  |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |  |  |  |  |
|    |   | EIN   | EIN  |  |  |  |  |
| 5. | Where you live  | 52 Maple Village Park   | If Debtor 2 lives at a different address:  |  |  |  |  |
|    |   | Ellijay, GA 30536  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |  |  |  |  |
|    |   | Gilmer  |  |  |  |  |  |
|    |   | County  | County   |  |  |  |  |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |  |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |  |
| 6. | Why you are choosing this district to file for bankruptcy   | Check one:  Over the last 180 days before filling this petition,  | Check one:  Over the last 180 days before filing this petition, I  |  |  |  |  |
|    |   | I have lived in this district longer than in any other district.  | have lived in this district longer than in any other district.   |  |  |  |  |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |  |
|    |   |   |  |  |  |  |  |

|                             | otor 1<br>otor 2   | Robert Metchell W<br>Marsha Elaine Wa   |            |             |   |                                     | Case number (if known)   |             |
|-----------------------------|--------------------|---|------------|-------------|---|-------------------------------------|--|-------------|
| Par                         | t 2:               | Tell the Court About  | Your Bank  | ruptcy Ca   | ase   |                                     |  |             |
| 7.                          | The                | chapter of the cruptcy Code you are   | Check on   | e. (For a b | orief description of e                          | each, see <i>Notice Required by</i> | 11 U.S.C. § 342(b) for Individuals Filing for Bank<br>b box.   | kruptcy     |
|                             |                    | sing to file under  | □ Chapt    | er 7        |   |                                     |  |             |
|                             |                    |   | ☐ Chapt    | er 11       |   |                                     |  |             |
|                             |                    |   | ☐ Chapt    | er 12       |   |                                     |  |             |
|                             |                    |   | ■ Chapt    | er 13       |   |                                     |  |             |
|                             |                    |   |            |             |   |                                     |  |             |
| 8.                          | How                | you will pay the fee  | abo<br>ord | out how yo  | ou may pay. Typica<br>attorney is submitt       | lly, if you are paying the fee yo   | with the clerk's office in your local court for mourself, you may pay with cash, cashier's check, alf, your attorney may pay with a credit card or c | or money    |
|                             |                    |   |            |             |   | ments. If you choose this option    | n, sign and attach the Application for Individuals   | s to Pay    |
|                             |                    |   | □ I re     | quest tha   | at my fee be waive                              | ed (You may request this option     | n only if you are filing for Chapter 7. By law, a jud<br>ur income is less than 150% of the official pover   | dge may,    |
|                             |                    |   |            |             |   |                                     | installments). If you choose this option, you muial Form 103B) and file it with your petition.   | st fill out |
| 9. Have you filed for ■ No. |                    |   |            |             |   |                                     |  |             |
|                             |                    | ruptcy within the<br>8 years?   | ☐ Yes.     |             |   |                                     |  |             |
|                             |                    | •   |            | District    |   | When                                | Case number  |             |
|                             |                    |   |            | District    |   | When                                | Case number  |             |
|                             |                    |   |            | District    |   | When                                | Case number  |             |
| 10.                         | case               | any bankruptcy<br>s pending or being  | ■ No       |             |   |                                     |  |             |
|                             | not f<br>you,      | by a spouse who is<br>iling this case with<br>or by a business<br>ner, or by an<br>ate? | ☐ Yes.     |             |   |                                     |  |             |
|                             |                    |   |            | Debtor      |   |                                     | Relationship to you  |             |
|                             |                    |   |            | District    |   | When                                | Case number, if known  |             |
|                             |                    |   |            | Debtor      |   |                                     | Relationship to you  |             |
|                             |                    |   |            | District    |   | When                                | Case number, if known  |             |
| 11.                         |                    | ou rent your<br>lence?  | ■ No.      | Go to I     | line 12.  |                                     |  |             |
|                             | i <del>c</del> ait | .0.106 :  | ☐ Yes.     | Has yo      | our landlord obtaine                            | ed an eviction judgment agains      | t you?   |             |
|                             |                    |   |            |             | No. Go to line 12.                              |                                     |  |             |
|                             |                    |   |            |             | Yes. Fill out <i>Initial</i> this bankruptcy pe |                                     | Judgment Against You (Form 101A) and file it as  | s part of   |

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|  | otor 1 Robert Metchell W<br>Marsha Elaine Wa  |            |              |  | Case number (if known)   |
|--|---|------------|--------------|--|--|
| Par  | t 3: Report About Any Bu  | ısinesses  | You Ow       | n as a Sole Propriet   | or   |
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.      | Go to        | Part 4.  |  |
|  |   | ☐ Yes.     | Nam          | e and location of busi   | iness  |
|  | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |            | Nam          | e of business, if any  |  |
|  | If you have more than one sole proprietorship, use a separate sheet and attach  |            | Num          | ber, Street, City, State   | e & ZIP Code   |
|  | it to this petition.  |            | Chec         | k the appropriate box  | x to describe your business:   |
|  |   |            |              | Health Care Busin  | ess (as defined in 11 U.S.C. § 101(27A))   |
|  |   |            |              | Single Asset Real  | Estate (as defined in 11 U.S.C. § 101(51B))  |
|  |   |            |              | Stockbroker (as de   | efined in 11 U.S.C. § 101(53A))  |
|  |   |            |              | Commodity Broker   | r (as defined in 11 U.S.C. § 101(6))   |
|  |   |            |              | None of the above  |  |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)? |   |            |              | can set appropriate deadlines. If you indicate that you are a small business debtor or bchapter V, you must attach your most recent balance sheet, statement of operations, ne tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. |  |
|  | For a definition of small   | No.        | I am         | not filing under Chapt   | ter 11.  |
|  | business debtor, see 11 U.S.C. § 101(51D).  | □ No.      | I am<br>Code | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy   |  |
|  |   | ☐ Yes.     |              |  | 11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11. |
|  |   | ☐ Yes.     |              |  | 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.         |
| Par  | t 4: Report if You Own or   | · Have Any | y Hazard     | ous Property or Any  | y Property That Needs Immediate Attention  |
| 14.  | Do you own or have any  | ■ No.      |              |  |  |
|  | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to  | ☐ Yes.     | What is      | the hazard?  |  |
|  | public health or safety? Or do you own any property that needs immediate attention?   |            |              | diate attention is<br>, why is it needed?  |  |
| For example, do you own perishable goods, or livestock that must be fed, where is the property? or a building that needs urgent repairs?       |   |            |              |  |  |
|  |   |            |              |  | Number, Street, City, State & Zip Code   |
|  |   |            |              |  |  |

Debtor 1 Robert Metchell Ward

Debtor 2 Marsha Elaine Ward

Case number (if known)

Explain Your Efforts to Receive a Briefing About Credit Counseling

### Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

|   | otor 1 Robert Metchell W<br>otor 2 Marsha Elaine Wa            |  |   |   | Case nu   | mber (if known)   |                                      |  |
|---|--|--|---|---|---|---|--------------------------------------|--|
| Par   | t 6: Answer These Quest  | ons for Re   | eporting Purposes   |   |   |   |                                      |  |
| 16.   | What kind of debts do you have?                                | 16a.   | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  □ No. Go to line 16b. |   |   |   |                                      |  |
|   |  |  | Yes. Go to line 17.   |   |   |   |                                      |  |
|   |  | 16b.   | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.                |   |   |   |                                      |  |
|   |  |  | ☐ No. Go to line 16c.   |   |   |   |                                      |  |
|   |  |  | ☐ Yes. Go to line 17.   |   |   |   |                                      |  |
|   |  | 16c.   | State the type of debts you owe   | e that are not consur   | mer debts or bus  | siness debts  |                                      |  |
| 17.   | Are you filing under Chapter 7?                                | ■ No.  | I am not filing under Chapter 7.  | . Go to line 18.  |   |   |                                      |  |
|   | Do you estimate that after any exempt property is excluded and | ☐ Yes.   |   | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? |   |   |                                      |  |
|   | administrative expenses are paid that funds will               |  | □ No  |   |   |   |                                      |  |
|   | be available for<br>distribution to unsecured<br>creditors?    |  | ☐ Yes   |   |   |   |                                      |  |
| 18.   | How many Creditors do you estimate that you                    | <b>1</b> -49   |   | ☐ 1,000-5,000   |   | ☐ 25,001-50,000   |                                      |  |
|   | owe?   | ☐ 50-99<br>☐ 100-19<br>☐ 200-99                      |   | □ 5001-10,000<br>□ 10,001-25,0  |   | ☐ 50,001-100,000<br>☐ More than100,00   | 0                                    |  |
| 19.   | How much do you estimate your assets to be worth?              | □ \$100,0  | 50,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million  | □ \$1,000,001<br>□ \$10,000,001<br>□ \$50,000,001<br>□ \$100,000,00   | I - \$50 million  | □ \$500,000,001 - \$ □ \$1,000,000,001 - □ \$10,000,000,001 □ More than \$50 bi | \$10 billion<br>- \$50 billion       |  |
| 20.   | How much do you  | □ \$0 - \$ <u>\$</u>                                 | 50,000  | □ \$1,000,001   | - \$10 million  | □ \$500,000,001 - \$  | 1 billion                            |  |
|   | estimate your liabilities to be?                               |  | 01 - \$100,000  | <b>□</b> \$10,000,001   | □ \$10,000,001 - \$50 million                                     |   | - \$10 billion                       |  |
|   |  | □ \$100,001 - \$500,000<br>□ \$500,001 - \$1 million |   |   | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million |   | l - \$50 billion<br>illion           |  |
| Par   | t7: Sign Below   |  |   |   |   |   |                                      |  |
| For   | you  | I have exa   | amined this petition, and I decla   | re under penalty of p   | perjury that the ir   | nformation provided is true and   | I correct.                           |  |
|   |  |  | chosen to file under Chapter 7, I ates Code. I understand the reli  |   |   |   |                                      |  |
| If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out t document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |  |  |   |   |   | I out this  |                                      |  |
|   |  | I request  | relief in accordance with the cha   | apter of title 11, Unite  | ed States Code,   | specified in this petition.   |                                      |  |
|   |  | I understa<br>bankrupto<br>and 3571                  | and making a false statement, co<br>cy case can result in fines up to   | oncealing property, o<br>\$250,000, or impriso  | or obtaining mon<br>onment for up to                              | ey or property by fraud in conr<br>20 years, or both. 18 U.S.C. §               | nection with a<br>§ 152, 1341, 1519, |  |
|   |  | Robert I   | ert Metchell Ward<br>Metchell Ward<br>e of Debtor 1   |   | /s/ Marsha E<br>Marsha Elair<br>Signature of De                   | ne Ward   |                                      |  |
|   |  | Executed   | October 27, 2021  MM / DD / YYYY  |   |   | October 27, 2021<br>MM / DD / YYYY  |                                      |  |

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| Debtor 1<br>Debtor 2 | Robert Metchell Ward<br>Marsha Elaine Ward |  | nber (if known) |  |
|----------------------|--|--|-----------------|--|
|                      |  |  |                 |  |
|                      |  |  |                 |  |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Jeffrey B. Kelly                   | Date          | October 27, 2021           |
|--|---------------|----------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY             |
| Jeffrey B. Kelly 412798                |               |                            |
| Printed name                           |               |                            |
| Law Office of Jeffrey B. Kelly, P.C.   |               |                            |
| Firm name                              |               |                            |
| 107 E. 5th Avenue                      |               |                            |
| Rome, GA 30161                         |               |                            |
| Number, Street, City, State & ZIP Code |               |                            |
| Contact phone <b>678-861-1127</b>      | Email address | lawoffice@kellycanhelp.com |
| 412798 GA                              |               |                            |
| Bar number & State                     |               |                            |

| Fill in          | this inform          | nation to identify you                        | rase.                                      |  |  |   |
|------------------|----------------------|---|--|--|--|---|
| Debto            |                      | Robert Metchell                               |  |  |  |   |
| Dobio            |                      | First Name                                    | Middle Name                                | Last Name  |  |   |
| Debto<br>(Spouse | r 2<br>e if, filing) | Marsha Elaine W                               | Middle Name                                | Last Name  |  |   |
|                  |                      | nkruptcy Court for the:                       | NORTHERN DISTRICT (                        |  |  |   |
|                  |                      | intupitely Court for the.                     | - NORTHERN BIOTHOT                         | 51   |  |   |
| (if know         | number _<br>n)       |   |  |  | _  | Check if this is an<br>mended filing                  |
| Stat             | ement                | and accurate as possi                         | ble. If two married people a               |  | equally responsible for sup                                    |   |
|                  |                      | ore space is needed,<br>n). Answer every ques |  | this form. On the top of any   | y additional pages, write you                                  | ur name and case                                      |
| Part 1           | Give D               | etails About Your Ma                          | rital Status and Where You                 | ı Lived Before   |  |   |
| 1. W             | hat is you           | current marital statu                         | s?   |  |  |   |
|                  | Married Not mar      | ried  |  |  |  |   |
| 2. D             | uring the la         | ast 3 years, have you                         | lived anywhere other than                  | where you live now?  |  |   |
|                  | No<br>Yes. Lis       | t all of the places you l                     | ived in the last 3 years. Do n             | ot include where you live now  | <i>ı</i> .   |   |
| C                | Debtor 1 Pr          | ior Address:                                  | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad  | dress:   | Dates Debtor 2<br>lived there                         |
|                  |                      |   |  |  | ity property state or territor<br>ico, Texas, Washington and V |   |
|                  | No<br>Yes. Ma        | ike sure you fill out <i>Sch</i>              | nedule H: Your Codebtors (O                | fficial Form 106H).  |  |   |
| Part 2           | Explai               | n the Sources of You                          | r Income                                   |  |  |   |
| Fi               | II in the tota       | al amount of income yo                        | u received from all jobs and               | ng a business during this yeall businesses, including partete together, list it only once ur |  | ndar years?   |
|                  | l No                 |   |  |  |  |   |
|                  | Yes. Fill            | in the details.                               |  |  |  |   |
|                  |                      |   | Debtor 1                                   |  | Debtor 2   |   |
|                  |                      |   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |
|                  |                      | of current year until<br>d for bankruptcy:    | ■ Wages, commissions, bonuses, tips        | \$16,179.15  | ■ Wages, commissions, bonuses, tips                            | \$19,996.92   |
|                  |                      |   | ☐ Operating a business                     |  | ☐ Operating a business   |   |

Official Form 107

| btor 2 Ma              | arsha Elain  | e Ward   |  | Case   | e number (if known)  |  |
|------------------------|--|--|--|--|--|--|
|                        |  |  | Dalitan 4  |  | Dalata a   |  |
|                        |  |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions<br>and exclusions)  |
|                        |  | 31, 2020 )   | ■ Wages, commissions, bonuses, tips  | \$20,273.00  | ■ Wages, commissions, bonuses, tips  | \$20,500.00  |
|                        |  |  | ☐ Operating a business   |  | ☐ Operating a business   |  |
|                        |  |  | ■ Wages, commissions, bonuses, tips  | \$0.00   | ■ Wages, commissions, bonuses, tips  | \$24,960.00  |
|                        |  |  | ☐ Operating a business   |  | ☐ Operating a business   |  |
| winnings.  List each s | If you are filing source and the   | ng a joint cas   | e and you have income that   | you received together, list it o   | nly once under Debtor 1.   |  |
|                        |  |  | Debtor 1<br>Sources of income<br>Describe below.   | Gross income from each source (before deductions and exclusions)   | Debtor 2<br>Sources of income<br>Describe below.   | Gross income<br>(before deductions<br>and exclusions)  |
|                        |  |  | Social Security<br>Benefits  | \$10,000.00  |  |  |
|                        |  | 31, 2020 )   | Social Security<br>Benefits  | \$11,844.00  |  |  |
|                        |  |  | Social Security<br>Benefits  | \$11,400.00  |  |  |
| rt 3: List             | t Certain Pay  | yments You   | Made Before You Filed for  | Bankruptcy   |  |  |
| Are either No.         | Neither De   | btor 1 nor D   | ebtor 2 has primarily consu  | umer debts. Consumer debts   | s are defined in 11 U.S.C. § 10  | 01(8) as "incurred by an   |
|                        | □ No.  | ,  | ,  | id you pay any creditor a tota   | of \$6,825* or more?   |  |
|                        |  | paid that cre<br>not include   | editor. Do not include paymer payments to an attorney for t  | nts for domestic support oblig<br>his bankruptcy case.   | ations, such as child support  | and alimony. Also, do  |
| _                      |  | •  |  |  | or after the date of adjustmen   | t.   |
| ■ Yes.                 |  |  | -  |  | of \$600 or more?  |  |
|                        | ■ No.  | Go to line 7   |  |  |  |  |
|                        | ☐ Yes  | include pay  | ments for domestic support o   |  |  |  |
|                        | Did you restricted in the calendary 1 to the calendary 1 to the caches of the caches of the calendary 1 to t | Did you receive any conclude income regard and other public benefit winnings. If you are filling. List each source and the yes. Fill in the december of the calendar year:  In the calendar year before the date you filed for band and the public benefit winnings. If you are filling the yes. Fill in the december of the calendar year:  In the calendar year:  In the calendar year before the calendar year.  In the calendar year before the calendar year before the calendar year before the calendar year.  In the calendar year before the calendar year before the calendar year.  In the calendar year before the calendar year before the calendar year.  In the calendar year before the calendar year. | r last calendar year: inuary 1 to December 31, 2020 )  The calendar year before that: inuary 1 to December 31, 2019 )  Did you receive any other income include income regardless of wheth and other public benefit payments; winnings. If you are filing a joint cast List each source and the gross income include income regardless of wheth and other public benefit payments; winnings. If you are filing a joint cast List each source and the gross income include income includ | Debtor 1 Sources of income Check all that apply.  If last calendar year: Inuary 1 to December 31, 2020    If the calendar year before that: Inuary 1 to December 31, 2019    If last calendar year before that: Inuary 1 to December 31, 2019    If last calendar year before that: Inuary 1 to December 31, 2019    If log a business    Did you receive any other income during this year or the two linclude income regardless of whether that income is taxable. Example that income is taxable. Example that income is taxable. Example that income is the winnings. If you are filing a joint case and you have income that List each source and the gross income from each source separated income; intervinings. If you are filing a joint case and you have income that List each source and the gross income from each source separated income; intervinings. If you are filing a joint case and you have income that the vininings. If you are filing a joint case and you have income that the vininings. If you are filing a joint case and you have income that the vininings. If you are filing a joint case and you have income that the vininings. If you are filing a joint case and you have income that the vininings. If you are filing a joint case and you have income that the vininings. If you are filing a joint case and you have income that inco | Debtor 1 Sources of income (Defore deductions and exclusions)  **Plast calendar year: nuary 1 to December 31, 2020)  **Wages, commissions, bonuses, tips | Debtor 1 Sources of income Check all that apply.  I last calendar year: Inuary 1 to December 31, 2020)  I Wages, commissions, bonuses, tips   Operating a business |

Debtor 1 Robert Metchell Ward

|     | otor 1 Robert Metchell Ward Marsha Elaine Ward   |   | Cas   | se number (if known)                        |                                  |   |
|-----|--|---|---|---|----------------------------------|---|
|     | Creditor's Name and Address  | Dates of payment  | Total amount paid                                 | Amount you still owe                        | Was this pa                      | yment for   |
|     | Within 1 year before you filed for bankrup Insiders include your relatives; any general of which you are an officer, director, person a business you operate as a sole proprietor alimony.  No   | partners; relatives of any ge in control, or owner of 20% | neral partners; partne<br>or more of their voting | erships of which yog<br>g securities; and a | ou are a genera<br>ny managing a | al partner; corporations<br>gent, including one for |
|     | Yes. List all payments to an insider.  Insider's Name and Address  | Dates of payment  | Total amount                                      | Amount you still owe                        | Reason for                       | this payment  |
| 8.  | Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co  No Yes. List all payments to an insider  |   | •   |   | ccount of a de                   | ebt that benefited an                               |
|     | Insider's Name and Address   | Dates of payment  | Total amount paid                                 | Amount you still owe                        | Reason for Include cred          | this payment itor's name                            |
| Par | rt 4: Identify Legal Actions, Repossessi   | ons, and Foreclosures                                     |   |   |                                  |   |
|     | Within 1 year before you filed for bankrup List all such matters, including personal injut modifications, and contract disputes.  No Yes. Fill in the details.  Case title Case number Ally Bank v Robert M Ward Marsha E Ward 21-0494CS |   |   | n suits, paternity a  Magistrate            |                                  | e case  |
| 10. | Within 1 year before you filed for bankrup Check all that apply and fill in the details bel  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address  |   |   | oreclosed, garnis                           | shed, attached                   | I, seized, or levied?<br>Value of the<br>property   |
| 11. | Within 90 days before you filed for bankri accounts or refuse to make a payment be No  Yes. Fill in the details.   | uptcy, did any creditor, inc                              |   | nancial institutior                         | n, set off any a                 | mounts from your                                    |
|     | Creditor Name and Address  | Describe the action th                                    | e creditor took                                   | Date taker                                  | action was                       | Amount  |
| 12. | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or □ No □ Yes  |   | erty in the possess                               | ion of an assigne                           | e for the bene                   | efit of creditors, a                                |

| Deb<br>Deb |   | Robert Metchell Ward<br>Marsha Elaine Ward   |   | Case number   | er (if known)                |                        |  |  |  |
|------------|---|--|---|---|------------------------------|------------------------|--|--|--|
| Part       | 5:  | List Certain Gifts and Contribution  | ns  |   |                              |                        |  |  |  |
|            | <b>=</b> 1  | in 2 years before you filed for bank<br>No<br>Yes. Fill in the details for each gift.                                | ruptcy,   | did you give any gifts with a total value of more   | than \$600 per person        | ?                      |  |  |  |
|            | Gifts   | s with a total value of more than \$6 person   | 00  | Describe the gifts  | Dates you gave the gifts     | Value                  |  |  |  |
|            |   | on to Whom You Gave the Gift and ress:   | t   |   |                              |                        |  |  |  |
| 14.        | <b>=</b> 1  | in <b>2 years before you filed for bank</b><br>No<br>Yes. Fill in the details for each gift or                       |   | did you give any gifts or contributions with a to   | tal value of more than       | \$600 to any charity?  |  |  |  |
|            | Gifts<br>more<br>Char   | s or contributions to charities that<br>e than \$600<br>rity's Name<br>ress (Number, Street, City, State and ZIP Coo | total   | Describe what you contributed   | Dates you contributed        | Value                  |  |  |  |
| Part       | 6:  | List Certain Losses  |   |   |                              |                        |  |  |  |
|            | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?   |  |   |   |                              |                        |  |  |  |
|            | _ `   | No<br>Yes. Fill in the details.  |   |   |                              |                        |  |  |  |
|            |   | cribe the property you lost and the loss occurred  | Includ  | tibe any insurance coverage for the loss ethe amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property. | Date of your loss            | Value of property lost |  |  |  |
| Part       | 7:  | List Certain Payments or Transfer  | rs  |   |                              |                        |  |  |  |
|            | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. |  |   |   |                              |                        |  |  |  |
|            | _   | No<br>Yes. Fill in the details.  |   |   |                              |                        |  |  |  |
|            | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You  |  | Description and value of any property transferred | Date payment or transfer was made   | Amount of payment            |                        |  |  |  |
|            | 107   | office of Jeffrey B. Kelly<br>E. Fifth Avenue<br>ne, GA 30161  |   | \$333 to file chapter 13 (\$313 filing fee,<br>\$20 credit counseling course, \$0<br>attorney's fees)                                       | October 19,<br>2021          | \$333.00               |  |  |  |
|            | prom  |  | ditors o  | lid you or anyone else acting on your behalf pay<br>or to make payments to your creditors?<br>ted on line 16.                               | or transfer any prope        | rty to anyone who      |  |  |  |
|            | _   | No<br>Yes. Fill in the details.  |   |   |                              |                        |  |  |  |
|            | Pers<br>Add   | on Who Was Paid<br>ress  |   | Description and value of any property transferred   | Date payment or transfer was | Amount of payment      |  |  |  |

Debtor 1 Robert Metchell Ward
Debtor 2 Marsha Elaine Ward

Case number (if known)

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No |   |                     |   |                  |   |  |  |  |
|-----|---|---|---------------------|---|------------------|---|--|--|--|
|     | Yes. Fill in the details.   |   |                     |   |                  |   |  |  |  |
|     | Person Who Received Transfer<br>Address   | Description and va<br>property transferre   |                     | Describe any property o payments received or depaid in exchange |                  | ransfer was                               |  |  |  |
|     | Person's relationship to you  |   |                     |   |                  |   |  |  |  |
| 19. | Within 10 years before you filed for bankrupte beneficiary? (These are often called asset-protein No  |   | y property to a sel | f-settled trust or similar d                                    | evice of which   | ı you are a                               |  |  |  |
|     | ☐ Yes. Fill in the details.   |   |                     |   |                  |   |  |  |  |
|     | Name of trust   | Description and va  | alue of the proper  | ty transferred  | Date T           | Transfer was                              |  |  |  |
|     |   |   |                     |   | mado             |   |  |  |  |
| Par | t 8: List of Certain Financial Accounts, Inst   | ruments, Safe Deposit   | Boxes, and Stora    | ge Units  |                  |   |  |  |  |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred?   | •   |                     |   | -                |   |  |  |  |
|     | Include checking, savings, money market, or houses, pension funds, cooperatives, associ   |   |                     | deposit; shares in banks,                                       | credit unions    | , brokerage                               |  |  |  |
|     | No  |   |                     |   |                  |   |  |  |  |
|     | Yes. Fill in the details.   |   |                     |   |                  |   |  |  |  |
|     |   | Last 4 digits of account number Type of account number                                |                     | ount or Date account was closed, sold, moved, or transferred    |                  | Last balance<br>re closing or<br>transfer |  |  |  |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  |   |                     |   |                  |   |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |                     |   |                  |   |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had access to it? Address (Number, Street, City, State and ZIP Code)         |                     | Describe the contents   |                  | you still<br>e it?                        |  |  |  |
| 22. | lave you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?   |   |                     |   |                  |   |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |                     |   |                  |   |  |  |  |
|     |   |   |                     |   |                  |   |  |  |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code) |                     | escribe the contents  |                  | you still<br>e it?                        |  |  |  |
| Par | t 9: Identify Property You Hold or Control for  | ,   |                     |   |                  |   |  |  |  |
| 23. | Do you hold or control any property that som for someone.   | neone else owns? Inclu  | ıde any property y  | ou borrowed from, are sto                                       | oring for, or ho | old in trust                              |  |  |  |
|     | ■ No  |   |                     |   |                  |   |  |  |  |
|     | Yes. Fill in the details.   |   |                     |   |                  |   |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the prope<br>(Number, Street, City, St<br>Code)                              |                     | escribe the property  |                  | Value                                     |  |  |  |
| Par | t 10: Give Details About Environmental Infor  | rmation   |                     |   |                  |   |  |  |  |
| For | the purpose of Part 10, the following definition  | ns apply:   |                     |   |                  |   |  |  |  |

■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Debtor 1 Robert Metchell Ward
Debtor 2 Marsha Elaine Ward

Case number (if known)

| Dar |  | mber, Street, City, State and ZIP Code)  |   |                        |   |                    |  |  |  |
|-----|--|--|---|------------------------|---|--------------------|--|--|--|
|     |  | dress  | Date Issued   |                        |   |                    |  |  |  |
|     |  | Yes. Fill in the details below.  |   |                        |   |                    |  |  |  |
| 28. |  | nin 2 years before you filed for bankrupt itutions, creditors, or other parties. | cy, did you give a financial statement to                               | anyone a               | bout your business? Incl                                | ude all financial  |  |  |  |
|     |  | mber, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper  | Dates business existed |   |                    |  |  |  |
|     | Ad   | siness Name<br>dress   | Describe the nature of the business                                     |                        | oyer Identification numbe<br>ot include Social Security |                    |  |  |  |
|     |  | Yes. Check all that apply above and fill   |   |                        |   |                    |  |  |  |
|     |  | No. None of the above applies. Go to F   | Part 12.  |                        |   |                    |  |  |  |
|     |  | ☐ An owner of at least 5% of the votin   | g or equity securities of a corporation                                 |                        |   |                    |  |  |  |
|     |  | ☐ An officer, director, or managing ex   | ecutive of a corporation  |                        |   |                    |  |  |  |
|     |  | ☐ A partner in a partnership   |   |                        |   |                    |  |  |  |
|     |  | ☐ A member of a limited liability comp   | any (LLC) or limited liability partnershi                               | o (LLP)                |   |                    |  |  |  |
|     |  | ☐ A sole proprietor or self-employed i   | n a trade, profession, or other activity,                               | either full-t          | time or part-time                                       |                    |  |  |  |
| 27. | With   | nin 4 years before you filed for bankrupt  | cy, did you own a business or have any                                  | of the foll            | lowing connections to an                                | y business?        |  |  |  |
| Par | t 11:  | Give Details About Your Business or  | Connections to Any Business   |                        |   |                    |  |  |  |
|     |  | se Title<br>se Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of              | the case  | Status of the case |  |  |  |
|     | Yes. Fill in the details.  |  | Count on a man  | Note: C                | the see   | Otation of the     |  |  |  |
| 26. | Hav  | e you been a party in any judicial or adn<br>No                                  | ninistrative proceeding under any envir                                 | onmental I             | law? Include settlements                                | and orders.        |  |  |  |
|     | Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)   |  |   |                        |   |                    |  |  |  |
|     | □<br>Na  | Yes. Fill in the details.<br>me of site  | Governmental unit   | Enviro                 | onmental law, if you                                    | Date of notice     |  |  |  |
|     |  | No   | ,   |                        |   |                    |  |  |  |
| 25. |  | e you notified any governmental unit of  | ZIP Code)   |                        |   |                    |  |  |  |
|     | -<br>Na  | me of site dress (Number, Street, City, State and ZIP Code)                      | Governmental unit Address (Number, Street, City, State and              |                        | onmental law, if you<br>it                              | Date of notice     |  |  |  |
|     |  | No<br>Yes. Fill in the details.  |   |                        |   |                    |  |  |  |
| 24. | Has  | any governmental unit notified you that  | you may be liable or potentially liable                                 | under or in            | n violation of an environm                              | ental law?         |  |  |  |
| Rep | ort a  | Il notices, releases, and proceedings the  | at you know about, regardless of when                                   | they occu              | rred.   |                    |  |  |  |
|     | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.              |  |   |                        |   |                    |  |  |  |
| _   | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. |  |   |                        |   |                    |  |  |  |
|     | _  | ulations controlling the cleanup of these  | , ,   |                        |   |                    |  |  |  |

Part 12: Sign Below

I have read the answers on this *Statement* of *Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

| Debtor 1              | Robert Metchell Ward                    |  |                   |
|-----------------------|---|--|-------------------|
| Debtor 2              | Marsha Elaine Ward                      | Case number (if known)   |                   |
| are true a            | nd correct. Lunderstand that making a f | alse statement, concealing property, or obtaining money or property by fraud       | in connection     |
|                       |   | 250,000, or imprisonment for up to 20 years, or both.                              | iii coiiiicotioii |
|                       | §§ 152, 1341, 1519, and 3571.           | 200,000, or imprisormation of up to 20 yours, or some                              |                   |
| /s/ Robe              | ert Metchell Ward                       | /s/ Marsha Elaine Ward   |                   |
|                       | Metchell Ward                           | Marsha Elaine Ward   |                   |
| Signature of Debtor 1 |   | Signature of Debtor 2  |                   |
| Oigilatai             | e of Debtor 1                           | digitative of Debtor 2   |                   |
| Date O                | ctober 27, 2021                         | Date October 27, 2021  |                   |
| Did you a             | ttach additional pages to Your Stateme  | nt of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | <b>&gt;</b>       |
| ■ No                  | tuon dudinendi pages to 70di Gatemen    | nor manolar manolor manadalor ming lor zamilaptoy (omolar romi lor)                |                   |
| ☐ Yes                 |   |  |                   |
| Did you p             | ay or agree to pay someone who is not   | an attorney to help you fill out bankruptcy forms?                                 |                   |
| ■ No                  |   |  |                   |
| ☐ Yes. Na             | ame of Person Attach the <i>Bankrup</i> | otcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).   |                   |

## Case 21-21122-jrs Doc 1 Filed 10/27/21 Entered 10/27/21 13:32:43 Desc Main Document Page 15 of 58

|   |  | Document   | : Page 15 of 58  |   |                                       |
|---|--|--|--|---|---------------------------------------|
| Fill in this infor  | rmation to identify your   | r case and this filing:  |  |   |                                       |
| Debtor 1  | Robert Metchell  | Ward   |  |   |                                       |
| Debior 1  | First Name   | Middle Name  | Last Name  |   |                                       |
| Debtor 2  | Marsha Elaine W  | /ard   |  |   |                                       |
| (Spouse, if filing)   | First Name   | Middle Name  | Last Name  |   |                                       |
| United States B   | ankruptcy Court for the:   | NORTHERN DISTRICT OF   | GEORGIA  |   |                                       |
|   |  |  |  |   |                                       |
| Case number   |  |  |  |   | Check if this is an                   |
|   |  |  |  |   | amended filing                        |
| o =   | 4004/5   |  |  |   |                                       |
| Official Fo   | orm 106A/B   |  |  |   |                                       |
| Schedu  | le A/B: Prop   | perty  |  |   | 12/15                                 |
| hink it fits best. I<br>nformation. If mo<br>Answer every que | Be as complete and accur<br>ore space is needed, attach<br>estion. | be items. List an asset only once<br>ate as possible. If two married p<br>n a separate sheet to this form. on<br>g, Land, or Other Real Estate Yo  | people are filing together, both a<br>On the top of any additional pag | are equally responsible for su                      | pplying correct                       |
|   | <u> </u>   | <u></u>  |  |   |                                       |
| . Do you own or   | have any legal or equitab  | le interest in any residence, bui  | lding, land, or similar property?                                      |   |                                       |
| ■ No. Go to Pa  | art 2.   |  |  |   |                                       |
| ☐ Yes. Where  | is the property?   |  |  |   |                                       |
|   | , , ,  |  |  |   |                                       |
|   |  |  |  |   |                                       |
| Part 2: Describe  | e Your Vehicles  |  |  |   |                                       |
| lo vou own les  | ase or have legal or eg  | uitable interest in any vehic  | les whather they are registe   | ared or not? Include any ve                         | shicles you own that                  |
|   |  | cle, also report it on Schedule  |  |   | chicles you own that                  |
|   |  | diliter continuo a monte a constante de la con |  |   |                                       |
| s. Cars, vans, t  | rucks, tractors, sport u   | tility vehicles, motorcycles   |  |   |                                       |
| □ No  |  |  |  |   |                                       |
| ■ Yes   |  |  |  |   |                                       |
| _ 100   |  |  |  |   |                                       |
| 3.1 Make:   | Chevrolet  | Who has an interest  | in the property? Check one   | Do not deduct secured cl                            |                                       |
| Model:  | Cruz   | ☐ Debtor 1 only  | ,                                | the amount of any secure<br>Creditors Who Have Clai |                                       |
| Year:   | 2019   | Debtor 2 only  |  |   |                                       |
| Approxima   | ate mileage: 47  | 7,671 Debtor 1 and Deb   | tor 2 only   | Current value of the<br>entire property?            | Current value of the portion you own? |
| Other info  |  |  | e debtors and another  |   | <b>,</b>                              |
|   |  |  |  | <b>#45.000.00</b>                                   | 445 000 00                            |
|   |  | Check if this is c (see instructions)  | ommunity property  | \$15,000.00   | \$15,000.00                           |
|   | Ford   |  |  | Do not deduct secured cl                            | aims or exemptions. Put               |
| 3.2 Make:   | Ford<br>Fiesta   |  | in the property? Check one   | the amount of any secure                            | ed claims on Schedule D:              |
| Model:  | 2019   | ☐ Debtor 1 only  |  | Creditors Who Have Clai                             | ms Securea by Property.               |
| Year:   | 70   | Debtor 2 only  Debtor 1 and Deb  |  | Current value of the                                | Current value of the                  |
| • •   |  |  | •  | entire property?                                    | portion you own?                      |
| Other info  | imation:   | At least one of the  | e debtors and another  |   |                                       |
|   |  | Check if this is c   | ommunity property  | \$7,000.00  | \$7,000.00                            |

Official Form 106A/B Schedule A/B: Property page 1

|   |                                   | Robert Metchel<br>Marsha Elaine \                           |                     |  | Case numbe                 | r (if known)        |   |
|---|-----------------------------------|---|---------------------|--|----------------------------|---------------------|---|
| 3.                                      | 3 Make:<br>Model:                 | Ford<br>Fiesta  |                     | Who has an interest in the property? ○ □ Debtor 1 only   | the ar                     | mount of any secure | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.        |
|   | Year:                             | 2019  |                     | Debtor 2 only  | Curre                      | ent value of the    | Current value of the  |
|   |                                   | mate mileage:   |                     | ■ Debtor 1 and Debtor 2 only   |                            | property?           | portion you own?  |
|   |                                   | formation:  |                     | $\square$ At least one of the debtors and another  | er                         |                     |   |
|   | Co-siç                            | gned for daugh  | ter                 | Check if this is community property (see instructions)   |                            | \$14,000.00         | \$14,000.00   |
| E □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | Examples: E  No Yes  Add the de   | oats, trailers, mo  | tors, personal wa   | nd other recreational vehicles, other valercraft, fishing vessels, snowmobiles, for for all of your entries from Part 2, it that number here | motorcycle accessories     | for                 | \$36,000.00   |
|   |                                   |   |                     |  |                            |                     |   |
|   |                                   | ibe Your Personal a<br>or have any lega                     |                     | ems<br>terest in any of the following items?   |                            |                     | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| I                                       |                                   | ,   |                     | i, china, kitchenware  |                            |                     |   |
|   | — 103. D                          |   | ousehold Iten       | ns (no single item over \$300)   |                            |                     | \$1,500.00  |
| I                                       | Electronics Examples:  No Yes. De | Televisions and r including cell pho                        |                     | eo, stereo, and digital equipment; comp<br>nedia players, games  | uters, printers, scanne    | rs; music collecti  | ons; electronic devices   |
|   |                                   | E   | lectronics          |  |                            |                     | \$150.00  |
| ļ                                       | Collectible Examples: No Yes. De  | Antiques and figuother collections,                         |                     | prints, or other artwork; books, pictures<br>illectibles   | , or other art objects; s  | tamp, coin, or ba   | seball card collections;  |
|   | Examples:                         | t for sports and h<br>Sports, photograp<br>musical instrume | phic, exercise, a   | nd other hobby equipment; bicycles, poo  | ol tables, golf clubs, ski | is; canoes and ka   | ayaks; carpentry tools;   |
|   | ■ No<br>□ Yes. De                 | escribe   |                     |  |                            |                     |   |
| ı                                       | No                                |   | notguns, ammun      | tion, and related equipment  |                            |                     |   |
|   | Yes. De                           | escribe   |                     |  |                            |                     |   |
| _                                       | Clothes<br>Examples<br>☐ No       | s: Everyday clothe  | es, furs, leather c | oats, designer wear, shoes, accessories  | 5                          |                     |   |

Official Form 106A/B Schedule A/B: Property page 2

| Debtor 1<br>Debtor 2                | Robert Metchell Ward<br>Marsha Elaine Ward   | Case number (if known)  |   |
|-------------------------------------|--|---|---|
| Yes.                                | Describe   |   |   |
|                                     | Clothes  |   | \$50.00   |
| □ No                                |  | agement rings, wedding rings, heirloom jewelry, watches, gems, ς  | gold, silver  |
|                                     | Jewelry  |   | \$50.00   |
| Exam<br>■ No<br>□ Yes.              | arm animals  ples: Dogs, cats, birds, horses  Describe  ther personal and household items you die          | d not already list, including any health aids you did not list  |   |
| 15. <b>Add</b>                      |  | Part 3, including any entries for pages you have attached   | \$1,750.00  |
| tor P                               | art 3. Write that number here  |   | <u> </u>  |
|                                     | escribe Your Financial Assets<br>wn or have any legal or equitable interest                                | in any of the following?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No                                | ples: Money you have in your wallet, in your l   | home, in a safe deposit box, and on hand when you file your petiti  | ·   |
|                                     |  | Cash  | \$20.00   |
| Exam<br>□ No                        | sits of money  ples: Checking, savings, or other financial acine institutions. If you have multiple accoun | counts; certificates of deposit; shares in credit unions, brokerage hats with the same institution, list each.  Institution name: | nouses, and other similar   |
|                                     | 17.1. Checking   | Regions Bank  | \$1,000.00  |
| Exam  No □ Yes.  19. Non-p  joint v | venture  | er name:  porated and unincorporated businesses, including an interes   | t in an LLC, partnership, and   |
|                                     | Give specific information about them  Name of entity:  | % of ownership:   |   |
| 20. Gover                           | nment and corporate bonds and other neg  | gotiable and non-negotiable instruments   |   |

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

Entered 10/27/21 13:32:43 Case 21-21122-jrs Doc 1 Filed 10/27/21 Page 18 of 58 Document **Robert Metchell Ward** Debtor 1 Debtor 2 Marsha Elaine Ward Case number (if known) No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years......

### 29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☐ Yes. Give specific information.....

### 30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

☐ Yes. Give specific information..

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| Debtor 1<br>Debtor 2 | Robert Metchell Ward<br>Marsha Elaine Ward  | Case number (if known)   |                            |
|----------------------|---|--|----------------------------|
|                      | ts in insurance policies<br>oles: Health, disability, or life insurance; health savi  | ngs account (HSA); credit, homeowner's, or renter's insura                         | nce                        |
| ☐ Yes.               | Name the insurance company of each policy and li<br>Company name:   | st its value.<br>Beneficiary:  | Surrender or refund value: |
| If you a someo       | terest in property that is due you from someone are the beneficiary of a living trust, expect proceeds the has died.  Give specific information | e who has died<br>s from a life insurance policy, or are currently entitled to rec | eive property because      |
| Examp<br>■ No        | against third parties, whether or not you have offes: Accidents, employment disputes, insurance classifier beach claim                          |  |                            |
| ■ No                 | contingent and unliquidated claims of every nat   | ure, including counterclaims of the debtor and rights to                           | o set off claims           |
| ■ No                 | ancial assets you did not already list Give specific information  |  |                            |
|                      | he dollar value of all of your entries from Part 4 art 4. Write that number here  | , including any entries for pages you have attached                                | \$1,020.00                 |
| Part 5: Des          | scribe Any Business-Related Property You Own or Ha  | ve an Interest In. List any real estate in Part 1.                                 |                            |
| No. Go               | own or have any legal or equitable interest in any busi<br>to Part 6.<br>So to line 38.   | ness-related property?   |                            |
|                      | scribe Any Farm- and Commercial Fishing-Related Pro<br>ou own or have an interest in farmland, list it in Part 1.                               | operty You Own or Have an Interest In.   |                            |
| ■ No.                | own or have any legal or equitable interest in a Go to Part 7.  Go to line 47.  | any farm- or commercial fishing-related property?                                  |                            |
| Part 7:              | Describe All Property You Own or Have an Interest i   | n That You Did Not List Above  |                            |
| <i>Examp</i><br>■ No | have other property of any kind you did not alr<br>bles: Season tickets, country club membership  | ready list?  |                            |
|                      | Give specific information he dollar value of all of your entries from Part 7  | . Write that number here   | \$0.00                     |

Official Form 106A/B Schedule A/B: Property page 5

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**Robert Metchell Ward** Debtor 1 Debtor 2 Marsha Elaine Ward Case number (if known) Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ..... \$0.00 56. Part 2: Total vehicles, line 5 \$36,000.00 Part 3: Total personal and household items, line 15 \$1,750.00 57. Part 4: Total financial assets, line 36 58. \$1,020.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$38,770.00 Copy personal property total 62. \$38,770.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$38,770.00

Official Form 106A/B Schedule A/B: Property page 6

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| Fill in this infor                      |                   |                   |            |  |                       |
|---|-------------------|-------------------|------------|--|-----------------------|
| Debtor 1                                | Robert Metchell \ |                   |            |  |                       |
|   | First Name        | Middle Name       | Last Name  |  |                       |
| Debtor 2                                | Marsha Elaine Wa  | ard               |            |  |                       |
| (Spouse if, filing)                     | First Name        | Middle Name       | Last Name  |  |                       |
| United States Bankruptcy Court for the: |                   | NORTHERN DISTRICT | OF GEORGIA |  |                       |
| Case number                             |                   |                   |            |  | _ 0                   |
| (if known)                              |                   |                   |            |  | ☐ Check if this is an |
|   |                   |                   |            |  | amended filing        |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |
|--|--------------------------------------|-----------------------------------|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Che                               | eck only one box for each exemption.                            |                                    |
| 2019 Ford Fiesta<br>Co-signed for daughter   | \$14,000.00                          |                                   | \$942.00  | O.C.G.A. § 44-13-100(a)(6)         |
| Line from Schedule A/B: 3.3  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Household Items (no single item over \$300)  | \$1,500.00                           |                                   | \$1,500.00  | O.C.G.A. § 44-13-100(a)(4)         |
| Line from Schedule A/B: 6.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Electronics Line from Schedule A/B: 7.1  | \$150.00                             |                                   | \$150.00  | O.C.G.A. § 44-13-100(a)(4)         |
| Zino nom conceduto / v.z.  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Clothes Line from Schedule A/B: 11.1   | \$50.00                              |                                   | \$50.00   | O.C.G.A. § 44-13-100(a)(4)         |
| Ellio Holli Govedale 77 E. TTT   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Jewelry Line from Schedule A/B: 12.1   | \$50.00                              |                                   | \$50.00   | O.C.G.A. § 44-13-100(a)(5)         |
| Line nom Sonedule A/D. 12.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |

| u claim Specific laws that allow exemption xemption. |
|--|
| xemption.  |
|  |
| \$20.00 O.C.G.A. § 44-13-100(a)(6)                   |
| alue, up to<br>ry limit                              |
| 1,000.00 O.C.G.A. § 44-13-100(a)(6)                  |
| alue, up to<br>ry limit                              |
| of adjustment.)                                      |
| ed this case?  |
|  |
|  |

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| Fill in this information to identify yo                                   | ur case:  | 01 00  |  |                             |
|---|---|--|--|-----------------------------|
| Debtor 1 Robert Metche  |   |  |  |                             |
| First Name  | Middle Name Last Name   |  |  |                             |
| Debtor 2 (Spouse if, filing)  Marsha Elaine First Name                    | Ward Middle Name Last Name  |  |  |                             |
|   | NORTHERN DISTRICT OF SECOND   |  |  |                             |
| United States Bankruptcy Court for the                                    | NORTHERN DISTRICT OF GEORGIA  |  |  |                             |
| Case number (if known)  |   |  | _  | if this is an<br>led filing |
| Official Form 106D  |   |  |  |                             |
|   | s Who Have Claims Secured   | by Propert   | v  | 12/15                       |
| Be as complete and accurate as possible.                                  | If two married people are filing together, both are equ out, number the entries, and attach it to this form. On | ally responsible for su                                | ipplying correct informa                     |                             |
| 1. Do any creditors have claims secured b                                 | y your property?  |  |  |                             |
| $\square$ No. Check this box and submit                                   | this form to the court with your other schedules. Yo  | u have nothing else t                                  | o report on this form.                       |                             |
| Yes. Fill in all of the information                                       | below.  |  |  |                             |
| Part 1: List All Secured Claims   |   |  |  |                             |
|   | more than one secured claim, list the creditor separately   | Column A   | Column B                                     | Column C                    |
|   | s a particular claim, list the other creditors in Part 2. As  | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any    |
| 2.1 Capital One Auto Finance  | Describe the property that secures the claim:   | \$13,058.00  | \$14,000.00                                  | \$0.00                      |
| Creditor's Name   | 2019 Ford Fiesta<br>Co-signed for daughter  |  |  |                             |
| 2005 Dallas Barlaner  | As of the date you file, the claim is: Check all that   |  |  |                             |
| 3905 Dallas Parkway<br>Dallas, TX 75093                                   | apply.  |  |  |                             |
| Number, Street, City, State & Zip Code                                    | ☐ Contingent ☐ Unliquidated   |  |  |                             |
| ,,,,  | ☐ Disputed  |  |  |                             |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.   |  |  |                             |
| Debtor 1 only   | An agreement you made (such as mortgage or secu   | ıred   |  |                             |
| Debtor 2 only   | car loan)   |  |  |                             |
| Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit                             |  |  |                             |
| At least one of the debtors and another  Check if this claim relates to a | ☐ Other (including a right to offset)   |  |  |                             |
| community debt  | — Other (including a right to onset)  |  |  |                             |
| Date debt was incurred 01-25-2020   | Last 4 digits of account number   |  |  |                             |
| 2.2 GM Financial  | Describe the property that secures the claim:   | \$15,747.00  | \$15,000.00                                  | \$747.00                    |
| Creditor's Name   | 2019 Chevrolet Cruz 47,671 miles  | <del></del>  |  |                             |
|   |   |  |  |                             |
| P.O. Box 1838341  | As of the date you file, the claim is: Check all that   |  |  |                             |
| Arlington, TX 76096   | apply.  Contingent  |  |  |                             |
| Number, Street, City, State & Zip Code                                    | ☐ Unliquidated  |  |  |                             |
|   | ☐ Disputed  |  |  |                             |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.   |  |  |                             |
| Debtor 1 only   | ☐ An agreement you made (such as mortgage or secucar loan)  | ıred   |  |                             |
| Debtor 2 only   | <u> </u>  |  |  |                             |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another    | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit                             |  |  |                             |
| ☐ Check if this claim relates to a  | ☐ Other (including a right to offset)   |  |  |                             |
| community debt  | . 5 5 -/  |  |  |                             |
| Date debt was incurred 02-13-2021   | Last 4 digits of account number 0592  |  |  |                             |

| Debto            | or 1 Robert Metchell Ward                           |  | Case number (if known)                 |                        |             |  |  |  |
|------------------|---|--|--|------------------------|-------------|--|--|--|
|                  | First Name Middle N                                 | Name Last Name   |  |                        |             |  |  |  |
| Debto            |   |  |  |                        |             |  |  |  |
|                  | First Name Middle N                                 | Name Last Name   |  |                        |             |  |  |  |
| 1231             | Piedmont Mountainside<br>Hospital                   | Describe the property that secures the claim:  | \$1,517.00                             | \$0.00                 | \$1,517.00  |  |  |  |
|                  | Creditor's Name                                     | Judgment   | 1 ———————————————————————————————————— |                        |             |  |  |  |
|                  |   | - Language Control   |  |                        |             |  |  |  |
|                  |   | A. (a) by a Charles in the control of the charles in the charles i |  |                        |             |  |  |  |
|                  | 1266 Highway 515 South                              | As of the date you file, the claim is: Check all that apply.   | t                                      |                        |             |  |  |  |
|                  | Jasper, GA 30143                                    | Contingent   |  |                        |             |  |  |  |
|                  | Number, Street, City, State & Zip Code              | ☐ Unliquidated   |  |                        |             |  |  |  |
|                  |   | ☐ Disputed   |  |                        |             |  |  |  |
| Who              | owes the debt? Check one.                           | Nature of lien. Check all that apply.  |  |                        |             |  |  |  |
| ■ De             | btor 1 only   | An agreement you made (such as mortgage o  | r secured                              |                        |             |  |  |  |
| ☐ De             | btor 2 only   | car loan)  |  |                        |             |  |  |  |
| ☐ De             | btor 1 and Debtor 2 only                            | ☐ Statutory lien (such as tax lien, mechanic's lier  | ۱)                                     |                        |             |  |  |  |
| ☐ At             | least one of the debtors and another                | Judgment lien from a lawsuit   |  |                        |             |  |  |  |
| □ ch             | eck if this claim relates to a                      | ☐ Other (including a right to offset)  |  |                        |             |  |  |  |
|                  | ommunity debt                                       |  |  |                        |             |  |  |  |
| Data a           | lebt was incurred 04-14-2009                        | Last 4 digits of account number 88   | BW                                     |                        |             |  |  |  |
| Date             | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1               | Last 4 digits of account number 60   |  |                        |             |  |  |  |
|                  | Canton day Canavana                                 |  |  |                        |             |  |  |  |
| 1241             | Santander Consumer<br>USA                           | Describe the property that secures the claim:  | \$7,469.00                             | \$7,000.00             | \$469.00    |  |  |  |
| $\overline{}$    | Creditor's Name                                     | 2019 Ford Fiesta 70,716 miles  | 7                                      |                        |             |  |  |  |
|                  |   | 2013 1 010 1 lesta 70,7 10 lilles  |  |                        |             |  |  |  |
|                  |   |  |  |                        |             |  |  |  |
|                  | PO Box 961245                                       | As of the date you file, the claim is: Check all that apply.   | t                                      |                        |             |  |  |  |
|                  | Fort Worth, TX 76161                                | ☐ Contingent   |  |                        |             |  |  |  |
| _                | Number, Street, City, State & Zip Code              | ☐ Unliquidated   |  |                        |             |  |  |  |
|                  |   | ☐ Disputed   |  |                        |             |  |  |  |
| Who              | owes the debt? Check one.                           | Nature of lien. Check all that apply.  |  |                        |             |  |  |  |
| ☐ De             | btor 1 only   | ☐ An agreement you made (such as mortgage o  | r secured                              |                        |             |  |  |  |
| ☐ De             | btor 2 only   | car loan)  |  |                        |             |  |  |  |
| ■ De             | btor 1 and Debtor 2 only                            | ☐ Statutory lien (such as tax lien, mechanic's lier  | n)                                     |                        |             |  |  |  |
| ☐ At             | least one of the debtors and another                | ☐ Judgment lien from a lawsuit   |  |                        |             |  |  |  |
| ☐ Ch             | eck if this claim relates to a                      | ☐ Other (including a right to offset)  |  |                        |             |  |  |  |
| cc               | ommunity debt                                       |  |  |                        |             |  |  |  |
| Date o           | lebt was incurred 04-18-2019                        | Last 4 digits of account number 10   | no                                     |                        |             |  |  |  |
|                  | 04 10 2013  |  |  |                        |             |  |  |  |
|                  |   |  |  |                        |             |  |  |  |
| Add              | the dollar value of your entries in C               | Column A on this page. Write that number here:   | \$37,791.00                            | 1                      |             |  |  |  |
|                  | •   | the dollar value totals from all pages.  |  | 1                      |             |  |  |  |
|                  | e that number here:                                 |  | \$37,791.00                            | ]                      |             |  |  |  |
| Part 2           | List Others to Be Notified for                      | or a Debt That You Already Listed  |  |                        |             |  |  |  |
|                  |   | •  | very already listed in Dort 4. For a   | vermula if a cellectio | n ananav la |  |  |  |
| trying<br>than o | to collect from you for a debt you o                | pe notified about your bankruptcy for a debt that<br>owe to someone else, list the creditor in Part 1, a<br>it you listed in Part 1, list the additional creditors<br>his page.  | nd then list the collection agency     | here. Similarly, if yo | u have more |  |  |  |
| []               |   |  |  |                        |             |  |  |  |
|                  | Name, Number, Street, City, State                   | & Zip Code On  | which line in Part 1 did you enter the | e creditor? 2.3        |             |  |  |  |
|                  | Carmen V. Porreca, PC                               | inside   | at 4 digits of account number          |                        |             |  |  |  |
|                  | Atty for Piedmont Mounta<br>4901 Olde Towne Pkwy St |  | st 4 digits of account number          |                        |             |  |  |  |
|                  | Marietta, GA 30068                                  |  |  |                        |             |  |  |  |

| Debtor 1 | resort meterior read  |             |           | Case number (if known)   |
|----------|---|-------------|-----------|--|
|          | First Name  | Middle Name | Last Name |  |
| Debtor 2 | Marsha Elaine \   | Nard        |           |  |
|          | First Name  | Middle Name | Last Name |  |
| 1<br>9   | lame, Number, Street, C<br>Bilmer County Su<br>Broad St<br>Ste 202<br>Ellijay, GA 30540 |             |           | On which line in Part 1 did you enter the creditor? 2.3  Last 4 digits of account number |

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|                     |   | -  | Document   | Page 26 of 5   | 58   |                                       |                                   |
|---------------------|---|--|--|--|--|---------------------------------------|-----------------------------------|
| Fill                | l in this inforr                                    | mation to identify your case:  |  |  |  |                                       |                                   |
| De                  | btor 1  | Robert Metchell Ward   |  |  |  |                                       |                                   |
|                     |   | First Name   | Middle Name  | Last Name  |  |                                       |                                   |
| De                  | btor 2  | Marsha Elaine Ward   |  |  |  |                                       |                                   |
| (Sp                 | ouse if, filing)                                    | First Name   | Middle Name  | Last Name  |  |                                       |                                   |
| Un                  | ited States Ba                                      | nkruptcy Court for the: NOF  | RTHERN DISTRICT OF   | GEORGIA  |  |                                       |                                   |
| Ca                  | se number   |  |  |  |  |                                       |                                   |
| (if k               | nown)   |  |  |  |  | _                                     | t if this is an<br>ded filing     |
|                     | С Е   | 4005/5   |  |  |  |                                       | 3                                 |
|                     | ficial Forn<br>hedule F                             | <u>n 106⊑/F</u><br>E/F: Creditors Who ∣  | Have Unsecure  | d Claims   |  |                                       | 12/15                             |
| Sch<br>Sch<br>left. | edule G: Execu<br>edule D: Credit<br>Attach the Cor | tracts or unexpired leases that control to the tracts and Unexpired Leases Who Have Claims Secured but inuation Page to this page. If you make (if known).   | eases (Official Form 106G)<br>y Property. If more space i  | . Do not include any cre<br>is needed, copy the Par      | editors with partially s<br>t you need, fill it out, i | ecured claims that number the entries | are listed in in the boxes on the |
| Pa                  | rt 1: List A  | II of Your PRIORITY Unsecur  | red Claims   |  |  |                                       |                                   |
| 1.                  | Do any credito                                      | ors have priority unsecured clain  | ns against you?  |  |  |                                       |                                   |
|                     | ☐ No. Go to F                                       | Part 2.  |  |  |  |                                       |                                   |
|                     | Yes.  |  |  |  |  |                                       |                                   |
| 2.                  | identify what ty<br>possible, list th               | r priority unsecured claims. If a c<br>pe of claim it is. If a claim has both<br>e claims in alphabetical order acco<br>than one creditor holds a particular | priority and nonpriority amo rding to the creditor's name. | unts, list that claim here a<br>If you have more than tw | and show both priority a                               | nd nonpriority amour                  | nts. As much as                   |
|                     | (For an explana                                     | ation of each type of claim, see the   | instructions for this form in                              | the instruction booklet.)                                | Total claim  | Priority                              | Nonpriority                       |
|                     | _   |  |  |  | Total Claim  | amount                                | amount                            |
| 2.1                 | Georgia   | a Department of Revenue  | Last 4 digits of acco                                      | ount number  | \$0.00   | \$0.00                                | \$0.00                            |
|                     | Bankru  | editor's Name ptcy Section   | When was the debt  | incurred?  |  |                                       |                                   |
|                     |   | : 161108<br>, GA 30321-1108  |  |  |  |                                       |                                   |
|                     |   | treet City State Zip Code  | As of the date you f                                       | file, the claim is: Check a                              | all that apply   |                                       |                                   |
|                     | Who incurre   | d the debt? Check one.   | ☐ Contingent   |  |  |                                       |                                   |
|                     | Debtor 1 o  | only   | ☐ Unliquidated   |  |  |                                       |                                   |
|                     | Debtor 2 o  | only   | ☐ Disputed   |  |  |                                       |                                   |
|                     | _   | and Debtor 2 only  | Type of PRIORITY i   | insecured claim:   |  |                                       |                                   |
|                     | _   | •  | ☐ Domestic support   |  |  |                                       |                                   |
|                     | _   | ne of the debtors and another  | <u> </u>   | J  |  |                                       |                                   |
|                     |   | this claim is for a community de   | _  | n other debts you owe the                                |  |                                       |                                   |
|                     | Is the claim s                                      | subject to offset?   | _  | or personal injury while yo                              | ou were intoxicated                                    |                                       |                                   |
|                     | ■ NO  |  | Other. Specify   |  |  |                                       | _                                 |

**Notice Only** 

☐ Yes

|     | btor 1 Robert Metchell Ward  |   | Case number ( <sub>if known</sub> )               |                            |
|-----|--|---|---|----------------------------|
| De  | btor 2 Marsha Elaine Ward  |   |   |                            |
| 2.2 | Internal Revenue Service   | Last 4 digits of account number               | \$0.00  | \$0.00 \$0.00              |
| •   | Priority Creditor's Name PO Box 7346   | When was the debt incurred?                   |   |                            |
|     | Philadelphia, PA 19101-7346  Number Street City State Zip Code   | As of the date you file, the claim is:        | Check all that apply                              |                            |
|     | Who incurred the debt? Check one.  | ☐ Contingent                                  | onoon an mar appry                                |                            |
|     | Debtor 1 only  | ☐ Unliquidated                                |   |                            |
|     | Debtor 2 only  | _   |   |                            |
|     | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of PRIORITY unsecured claim: |   |                            |
|     | _  |   |   |                            |
|     | At least one of the debtors and another  | ☐ Domestic support obligations                |   |                            |
|     | ☐ Check if this claim is for a community debt  | Taxes and certain other debts you             | _   |                            |
|     | Is the claim subject to offset?  | Claims for death or personal injury           | while you were intoxicated                        |                            |
|     | ■ No   | Other. Specify                                |   |                            |
|     | Yes  | Notice Only                                   |   |                            |
|     |  |   |   |                            |
| Pa  | rt 2: List All of Your NONPRIORITY Unsecur   | ed Claims                                     |   |                            |
| 3.  | Do any creditors have nonpriority unsecured claims   | against you?                                  |   |                            |
|     | $\square$ No. You have nothing to report in this part. Submit th   | nis form to the court with your other sche    | edules.   |                            |
|     | Yes.   |   |   |                            |
| 4.  | List all of your nonpriority unsecured claims in the a unsecured claim, list the creditor separately for each clathan one creditor holds a particular claim, list the other of Part 2. | im. For each claim listed, identify what t    | ype of claim it is. Do not list claims already in | ncluded in Part 1. If more |
|     | raitz.   |   |   | Total claim                |
| 4.1 | Ally Bank  | Last 4 digits of account number               | 94CS  | \$5,523.00                 |
|     | Nonpriority Creditor's Name  | East 4 digits of account number               | 3400  | ψ3,323.00                  |
|     | 200 West Civic Centre Drive Sandy, UT 84070  | When was the debt incurred?                   | 08-06-2021  | _                          |
|     | Number Street City State Zip Code  Who incurred the debt? Check one.   | As of the date you file, the claim i          | s: Check all that apply                           |                            |
|     | Debtor 1 only  | Пол   |   |                            |
|     | Debtor 2 only  | ☐ Contingent                                  |   |                            |
|     |  | ☐ Unliquidated                                |   |                            |
|     | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured     | d alaim.  |                            |
|     | At least one of the debtors and another  | Student loans                                 | d Claim.  |                            |
|     | ☐ Check if this claim is for a community debt  | _   | ration agreement or division that were P. L       |                            |
|     | Is the claim subject to offset?  | report as priority claims                     | ration agreement or divorce that you did not      |                            |
|     | ■ No   | Debts to pension or profit-sharin             | g plans, and other similar debts                  |                            |
|     | Yes  | Other. Specify Lawsuit                        |   | _                          |
|     |  |   |   |                            |

| Debtor 2 | Robert Metchell Ward Marsha Elaine Ward  | Case number (if known)  |          |
|----------|--|---|----------|
|          | Capital One Bank USA NA  | Last 4 digits of account number   | \$127.00 |
|          | Nonpriority Creditor's Name<br>10700 Capital One Way<br>Glen Allen, VA 23060               | When was the debt incurred? 07-25-2018  |          |
| _        | Number Street City State Zip Code  Who incurred the debt? Check one.                       | As of the date you file, the claim is: Check all that apply   |          |
|          | ☐ Debtor 1 only  | ☐ Contingent  |          |
|          | Debtor 2 only  | ☐ Unliquidated  |          |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |          |
|          | debt<br>Is the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|          | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |          |
|          | ☐ Yes  | ■ Other. Specify Credit Card  |          |
|          | Equifax  | Last 4 digits of account number   | \$0.00   |
|          | Nonpriority Creditor's Name PO Box 740241  | When was the debt incurred?   |          |
|          | Atlanta, GA 30374-0241  Number Street City State Zip Code                                  | As of the date you file, the claim is: Check all that apply   |          |
|          | Who incurred the debt? Check one.  |   |          |
|          | ☐ Debtor 1 only  | ☐ Contingent  |          |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |          |
|          | ■ Debtor 1 and Debtor 2 only   | □ Disputed  |          |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |          |
|          | debt<br>Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims           |          |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |          |
|          | Yes  | Other. Specify Notice Only  |          |
|          | Experian   | Last 4 digits of account number   | \$0.00   |
|          | Nonpriority Creditor's Name PO Box 9701  | When was the debt incurred?   |          |
| _        | Allen, TX 75013-9701  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |          |
|          | ☐ Debtor 1 only  | ☐ Contingent  |          |
|          | Debtor 2 only  | ☐ Unliquidated  |          |
|          | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|          | ☐ Check if this claim is for a community   | Student loans   |          |
|          | debt<br>Is the claim subject to offset?  | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims          |          |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |          |
|          | ☐ Yes  | ■ Other. Specify Notice Only  |          |
|          |  |   |          |

| Debtor<br>Debtor | Robert Metchell Ward Marsha Elaine Ward                                     | Case number (if known)  |             |
|------------------|---|---|-------------|
| 4.5              | NY State Higher Education Serv  | Last 4 digits of account number 5527  | \$11,915.00 |
|                  | Nonpriority Creditor's Name  99 Wahsington Ave 14 Flr Albany, NY 12205-2601 | When was the debt incurred?   |             |
| -                | Number Street City State Zip Code  Who incurred the debt? Check one.        | As of the date you file, the claim is: Check all that apply   |             |
|                  | Debtor 1 only   | ☐ Contingent ☐ Unliquidated   |             |
|                  | ■ Debtor 2 only □ Debtor 1 and Debtor 2 only                                | ■ Disputed  |             |
|                  | ☐ At least one of the debtors and another                                   | Type of NONPRIORITY unsecured claim:  |             |
|                  | ☐ Check if this claim is for a community debt                               | <ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that you did not</li></ul> |             |
|                  | Is the claim subject to offset?   | report as priority claims   |             |
|                  | ■ No □ Yes  | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify                                  |             |
|                  | Li res  | wife's student loan. wife never received any services.  |             |
| 4.6              | Piedmont Healthcare   | Last 4 digits of account number   | \$370.00    |
|                  | Nonpriority Creditor's Name PO Box 102859 Atlanta, GA 30368                 | When was the debt incurred?   |             |
| -                | Number Street City State Zip Code  Who incurred the debt? Check one.        | As of the date you file, the claim is: Check all that apply   |             |
|                  | ■ Debtor 1 only   | ☐ Contingent  |             |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated  |             |
|                  | Debtor 1 and Debtor 2 only  | Disputed  |             |
|                  | At least one of the debtors and another                                     | Type of NONPRIORITY unsecured claim:  |             |
|                  | Check if this claim is for a community debt                                 | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not                       |             |
|                  | Is the claim subject to offset?  ■ No                                       | report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                          |             |
|                  | ☐ Yes   | ■ Other. Specify Medical  |             |
| 4.7              | Portfolio Recovery Associates,  | Last 4 digits of account number 64CS  | \$2,130.00  |
|                  | Nonpriority Creditor's Name<br>120 Corporate Blvd<br>Norfolk, VA 23502      | When was the debt incurred? 08-30-2019  |             |
| -                | Number Street City State Zip Code  Who incurred the debt? Check one.        | As of the date you file, the claim is: Check all that apply   |             |
|                  | Debtor 1 only   | ☐ Contingent  |             |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated  |             |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
|                  | $\square$ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:  |             |
|                  | ☐ Check if this claim is for a community                                    | Student loans   |             |
|                  | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims             |             |
|                  | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts   |             |
|                  | Yes   | ■ Other. Specify Lawsuit  |             |

|                 | Robert M Marsha E            | etchell Ward<br>Iaine Ward   |   | Case nu  | umber (if known)                  |  |  |  |  |  |  |
|-----------------|------------------------------|--|---|--|-----------------------------------|--|--|--|--|--|--|
| 4.8             | Trans Unio                   | n  | Last 4 digits of account numb   | er   |                                   | \$0.00                                       |  |  |  |  |  |
|                 | Nonpriority Cree PO Box 100  | 00   | When was the debt incurred?   |  |                                   |  |  |  |  |  |  |
| ٦               |                              | A 19022 City State Zip Code the debt? Check one.                   | As of the date you file, the clai   | m is: Check  | call that apply                   |  |  |  |  |  |  |
|                 | Debtor 1 on                  |  | ☐ Contingent  |  |                                   |  |  |  |  |  |  |
|                 | Debtor 2 on                  |  | ☐ Unliquidated  |  |                                   |  |  |  |  |  |  |
|                 | _                            | d Debtor 2 only  | ☐ Unilquidated ☐ Disputed   |  |                                   |  |  |  |  |  |  |
|                 |                              | · · · · · · · · · · · · · · · · · · ·                              | Type of NONPRIORITY unsecu  | red claim:   |                                   |  |  |  |  |  |  |
|                 | _                            | of the debtors and another   | ☐ Student loans   | nea ciaiii.  |                                   |  |  |  |  |  |  |
|                 | Check if the                 | is claim is for a community  | ☐ Obligations arising out of a s  | anaration an   | greement or divorce that you did  | not  |  |  |  |  |  |
|                 |                              | bject to offset?   | report as priority claims   | sparation ag   | preement or divorce that you did  | not  |  |  |  |  |  |
|                 | No                           |  | Debts to pension or profit-sha  | aring plans,   | and other similar debts           |  |  |  |  |  |  |
|                 | ☐ Yes                        |  | Other. Specify Notice O   | nly  |                                   |  |  |  |  |  |  |
|                 |                              |  |   |  |                                   |  |  |  |  |  |  |
| is tryin        | s page only if               | you have others to be notified                                     | ebt That You Already Listed<br>d about your bankruptcy, for a debt the<br>someone else, list the original credito | r in Parts 1   | or 2, then list the collection as | gency here. Similarly, if you                |  |  |  |  |  |
| notified        | d for any debts              | creditor for any of the debts the in Parts 1 or 2, do not fill out |   |  |                                   | e additional persons to be                   |  |  |  |  |  |
|                 | d Address<br>County Ma       | gistrate Court   | On which entry in Part 1 or Part 2 did y Line <b>4.1</b> of ( <i>Check one</i> ):                                 |  | _                                 | d Claima                                     |  |  |  |  |  |
|                 | d St #203                    | gistrate court   | Line 4.1 of (Check one).  | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |                                   |  |  |  |  |  |  |
| Ellijay,        | GA 30540                     |  |   | ■ Part 2:  | Creditors with Nonpriority Unsec  | ured Claims                                  |  |  |  |  |  |
|                 |                              |  | Last 4 digits of account number   |  |                                   |  |  |  |  |  |  |
|                 | d Address                    | _  | On which entry in Part 1 or Part 2 did y  |  | _                                 |  |  |  |  |  |  |
| -               | Curtis Tootle<br>r Ally Bank |  | Line 4.1 of (Check one):  |  |                                   |  |  |  |  |  |  |
|                 | x 52815                      |  | Part 2: Creditors with Nonpriority Unsecured Claims   |  |                                   |  |  |  |  |  |  |
| Atlanta         | a, GA 30355                  |  | Last 4 digits of account number   |  |                                   |  |  |  |  |  |  |
|                 |                              |  | Last 4 digits of account number   |  |                                   |  |  |  |  |  |  |
|                 | d Address                    | strate Court   | On which entry in Part 1 or Part 2 did y  |  | •                                 | 101  |  |  |  |  |  |
|                 | ior Street                   | Strate Court   | Line 4.7 of (Check one):  |  | Creditors with Priority Unsecured |  |  |  |  |  |  |
| Suite 2         |                              |  |   | ■ Part 2:  | Creditors with Nonpriority Unsec  | ured Claims                                  |  |  |  |  |  |
| Cedart          | own, GA 30                   | 125  |   |  |                                   |  |  |  |  |  |  |
|                 |                              |  | Last 4 digits of account number   |  |                                   |  |  |  |  |  |  |
|                 | d Address                    | 21.0   | On which entry in Part 1 or Part 2 did y  |  | _                                 |  |  |  |  |  |  |
|                 | & Olcese, F<br>r Portfolio I |  | Line 4.7 of (Check one):  | _  | Creditors with Priority Unsecured |  |  |  |  |  |  |
|                 |                              | t Pkwy #130  |   | ■ Part 2:  | Creditors with Nonpriority Unsec  | ured Claims                                  |  |  |  |  |  |
| Louisv          | ille, KY 402                 | 23   |   |  |                                   |  |  |  |  |  |  |
|                 |                              |  | Last 4 digits of account number   |  |                                   |  |  |  |  |  |  |
| Part 4:         | Add the A                    | mounts for Each Type of I  | Unsecured Claim   |  |                                   |  |  |  |  |  |  |
|                 |                              | certain types of unsecured c                                       | laims. This information is for statistic  | al reporting   | purposes only. 28 U.S.C. §159     | 9. Add the amounts for each                  |  |  |  |  |  |
| type of         | ansecureu Cla                | 41111.   |   |  | Total Claim                       |  |  |  |  |  |  |
|                 | 6a.                          | Domestic support obligatio   | ns  | 6a.  |                                   | 0.00   |  |  |  |  |  |
| Total           |                              | rr   |   |  |                                   | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |  |  |  |  |  |
| claims from Par | t 1 6b.                      | Taxes and certain other del  | bts you owe the government  | 6b.  | \$                                | n 00   |  |  |  |  |  |
| om i ai         | 6c.                          |  | al injury while you were intoxicated  | 6c.  |                                   | 0.00<br>0.00                                 |  |  |  |  |  |
|                 | 6d.                          |  | nsecured claims. Write that amount here   |  |                                   | 0.00   |  |  |  |  |  |
|                 |                              |  |   |  |                                   | <u> </u>                                     |  |  |  |  |  |
|                 | 6e.                          | 6e. Total Priority. Add lines 6a through 6d.                       |   |  | \$                                | 0.00   |  |  |  |  |  |

Debtor 1 Robert Metchell Ward
Debtor 2 Marsha Elaine Ward

Case number (if known)

|              | 6f. | Student loans   | 6f. | \$<br>Total Claim 11,915.00 |
|--------------|-----|---|-----|-----------------------------|
| Total claims |     |   |     | <br>,                       |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00                  |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00                  |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>8,150.00              |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>20,065.00             |

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| Fill in this infor     | mation to identify your  | case:             |            |                                      |
|------------------------|--------------------------|-------------------|------------|--------------------------------------|
| Debtor 1               | Robert Metchell \        | <b>N</b> ard      |            |                                      |
|                        | First Name               | Middle Name       | Last Name  |                                      |
| Debtor 2               | Marsha Elaine W          | ard               |            |                                      |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name  |                                      |
| United States Ba       | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA |                                      |
| Case number (if known) |                          |                   |            | ☐ Check if this is an amended filing |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| I   | Person or | company with | whom you have the | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-------------------|---------------------|---|
| 2.1 |           |              |                   |                     |   |
|     | Name      |              |                   |                     |   |
|     | Number    | Street       |                   |                     | <u> </u>                                |
|     | City      |              | State             | ZIP Code            | <u> </u>                                |
| 2.2 |           |              |                   |                     |   |
|     | Name      |              |                   |                     |   |
|     | Number    | Street       |                   |                     |   |
|     | City      |              | State             | ZIP Code            | <u> </u>                                |
| 2.3 | City      |              | State             | ZIF Code            |   |
| 2.0 | Name      |              |                   |                     |   |
|     | Number    | Street       |                   |                     | _                                       |
|     | City      |              | State             | ZIP Code            | <del>_</del>                            |
| 2.4 |           |              |                   |                     |   |
|     | Name      |              |                   |                     | _                                       |
|     | Number    | Street       |                   |                     | _                                       |
|     | City      |              | State             | ZIP Code            | <u> </u>                                |
| 2.5 | Oity      |              | Olalo             | 211 0000            |   |
|     | Name      |              |                   |                     | _                                       |
|     | Number    | Street       |                   |                     | _                                       |
|     | City      |              | State             | ZIP Code            | _                                       |

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|   |  | Ducume  | il raye 33 Ui  | <u> </u>  |  |
|---|--|---|--|---|--|
| Fill in this infor                                      | mation to identify your  | case:   |  |   |  |
| Debtor 1  | Robert Metchell V  | Vard  |  |   |  |
| 20210   | First Name   | Middle Name   | Last Name  |   |  |
| Debtor 2  | Marsha Elaine Wa   |   |  |   |  |
| (Spouse if, filing)                                     | First Name   | Middle Name   | Last Name  |   |  |
| United States Ba  | ankruptcy Court for the:   | NORTHERN DISTRICT                                   | OF GEORGIA   |   |  |
| Case number (if known)                                  |  |   |  |   | ☐ Check if this is an amended filing   |
|   | orm 106H<br>• H: Your Cod  | ebtors  |  |   | 12/15  |
| people are filing<br>ill it out, and nu<br>our name and | g together, both are equ<br>umber the entries in the<br>case number (if known) | ally responsible for supp                           | lying correct information the Additional Page to the Additional Page | n. If more space is neede<br>this page. On the top of a                       | s possible. If two married<br>ed, copy the Additional Page,<br>any Additional Pages, write         |
| □ No  |  |   |  |   |  |
| ■ Yes   |  |   |  |   |  |
|   |  | lived in a community pro<br>Nevada, New Mexico, Puo |  | ? (Community property stat<br>gton, and Wisconsin.)                           | tes and territories include  |
| ■ No. Go to   | o line 3.  |   |  |   |  |
| ☐ Yes. Did  | your spouse, former spou   | use, or legal equivalent live                       | with you at the time?  |   |  |
| in line 2 ag  | ain as a codebtor only i<br>), Schedule E/F (Official                          | f that person is a guarant                          | or or cosigner. Make su  | ire you have listed the cre   | h you. List the person shown<br>editor on Schedule D (Official<br>edule E/F, or Schedule G to fill |
|   | nn 1: Your codebtor<br>Number, Street, City, State and ZI                      | P Code  |  | Column 2: The creditor Check all schedules that                               | r to whom you owe the debt apply:  |
| 2202  | ey Chambers<br>Antioch Church Rd<br>ing Rock, GA 30175                         |   |  | ■ Schedule D, line _ □ Schedule E/F, line □ Schedule G _ Capital One Auto Fil |  |

Schedule H: Your Codebtors

| Fill        | in this information to identify your o  | case:   |            |                         |           |       |                    |                          |         |                                   |         |
|-------------|---|---|------------|-------------------------|-----------|-------|--------------------|--------------------------|---------|-----------------------------------|---------|
| Del         | otor 1 Robert Met   | chell Ward  |            |                         |           | _     |                    |                          |         |                                   |         |
| 1           | otor 2 Marsha Elai  | ine Ward  |            |                         |           | _     |                    |                          |         |                                   |         |
| Uni         | ted States Bankruptcy Court for the   | e: NORTHERN DISTRIC                                   | CT OF GI   | EORGIA                  |           |       |                    |                          |         |                                   |         |
|             | se number<br>lown)  |   | -          |                         |           |       |                    | nded filing<br>ement sho | owing   | g postpetition c<br>llowing date: | :hapter |
| 0           | fficial Form 106I   |   |            |                         |           |       | MM / D             | D/ YYYY                  |         |                                   |         |
| S           | chedule I: Your Inc   | ome   |            |                         |           |       |                    |                          |         |                                   | 12/15   |
| spo<br>atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | ur spouse is not filing w<br>On the top of any additi | ith you, d | do not includ           | le infor  | mati  | on about your      | spouse.                  | If mo   | re space is no                    | eeded,  |
| 1.          | Fill in your employment information.  |   | Debto      | r 1                     |           |       | Debt               | or 2 or no               | on-fili | ing spouse                        |         |
|             | If you have more than one job,  | Employment status                                     | ■ Em       | ■ Employed              |           |       | <b>■</b> E         | ■ Employed               |         |                                   |         |
|             | attach a separate page with information about additional  | p.oyon  | ☐ Not      | t employed              |           |       | □N                 | ot employ                | ed      |                                   |         |
|             | employers.  | Occupation  | Secu       | rity Guard              |           |       | Care               | giver                    |         |                                   |         |
|             | Include part-time, seasonal, or self-employed work.   | Employer's name                                       | AGTA       | AC Services             | LLC       |       | Man                | or Lake                  | Ellija  | ay                                |         |
|             | Occupation may include student or homemaker, if it applies.   | Employer's address                                    | Ste F      | Cody Dr<br>oln, NE 6851 | 2         |       |                    | ighland<br>ay, GA 3      |         |                                   |         |
|             |   | How long employed t                                   | here?      | 1 year                  |           |       |                    | 4 mon                    | nths    |                                   |         |
| Pai         | Give Details About Mo   | nthly Income  |            |                         |           |       |                    |                          |         |                                   |         |
|             | mate monthly income as of the cuse unless you are separated.  | late you file this form. If                           | you have   | nothing to re           | port for  | any   | line, write \$0 in | the space                | e. Incl | lude your non-                    | filing  |
|             | u or your non-filing spouse have m<br>e space, attach a separate sheet to   |   | ombine th  | ne information          | for all e | emplo | oyers for that p   | erson on t               | the lin | nes below. If yo                  | ou need |
|             |   |   |            |                         |           |       | For Debtor 1       |                          |         | otor 2 or<br>ng spouse            |         |
| 2.          | List monthly gross wages, sala deductions). If not paid monthly,  |   |            |                         | 2.        | \$    | 1,849.0            | 00 \$_                   |         | 2,004.00                          |         |
| 3.          | Estimate and list monthly over  | time pav.   |            |                         | 3.        | +\$   | 0.0                | 00 +\$                   |         | 0.00                              |         |

Official Form 106I Schedule I: Your Income page 1

1,849.00

2,004.00

Calculate gross Income. Add line 2 + line 3.

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| Debtor 1<br>Debtor 2 |                       | Robert Metchell Ward<br>Marsha Elaine Ward   | _                        | Case number (if known) |            |          |                                   |              |          |
|----------------------|-----------------------|--|--------------------------|------------------------|------------|----------|-----------------------------------|--------------|----------|
|                      |                       |  |                          | For Debtor 1           |            |          | For Debtor 2 or non-filing spouse |              |          |
|                      | Cop                   | by line 4 here   | 4.                       | \$_                    | 1,849.00   | _        | \$2                               | 2,004.00     | _        |
| 5.                   | List                  | all payroll deductions:  |                          |                        |            |          |                                   |              |          |
|                      | 5a.                   | Tax, Medicare, and Social Security deductions  | 5a.                      | \$                     | 291.00     |          | \$                                | 383.00       |          |
|                      | 5b.                   | Mandatory contributions for retirement plans   | 5b.                      | \$                     | 0.00       | -        | \$                                | 0.00         | _        |
|                      | 5c.                   | Voluntary contributions for retirement plans   | 5c.                      | \$                     | 0.00       | _        | \$                                | 0.00         | -        |
|                      | 5d.                   | Required repayments of retirement fund loans   | 5d.                      | \$                     | 0.00       |          | \$                                | 0.00         | _        |
|                      | 5e.                   | Insurance  | 5e.                      | \$_                    | 0.00       | _        | \$                                | 0.00         | _        |
|                      | 5f.                   | Domestic support obligations   | 5f.                      | \$_                    | 0.00       | _        | \$                                | 0.00         | _        |
|                      | 5g.                   | Union dues   | 5g.                      | \$_                    | 0.00       | _        | \$                                | 0.00         | _        |
| _                    | 5h.                   | Other deductions. Specify:   | 5h.+                     |                        | 0.00       | _        |                                   | 0.00         | -        |
| 6.                   |                       | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.                       | \$_                    | 291.00     | _        | \$                                | 383.00       | _        |
| 7.                   | Cal                   | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.                       | \$_                    | 1,558.00   | _        | \$1                               | ,621.00      | _        |
| 8.                   | List<br>8a.           | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  | 0-                       | ¢.                     |            |          | · C                               | 0.00         |          |
|                      | Oh                    | monthly net income.  Interest and dividends  | 8a.                      | \$_<br>\$              | 0.00       | _        | \$<br>\$                          | 0.00         | _        |
|                      | 8b.<br>8c.            | Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8b.<br>I <b>t</b><br>8c. | \$_<br>\$              | 0.00       | _        | \$                                | 0.00         | _        |
|                      | 8d.                   | Unemployment compensation  | 8d.                      | \$                     | 0.00       | _        | \$                                | 0.00         | _        |
|                      | 8e.                   | Social Security  | 8e.                      | \$                     | 1,000.00   | _        | \$                                | 0.00         | _        |
|                      | 8f.<br>8g.            | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income | ee<br>8f.<br>8g.         | \$_<br>\$_             | 0.00       | _        | \$<br>                            | 0.00         | _        |
|                      | 8h.                   | Other monthly income. Specify:   | 8h.+                     | · -                    | 0.00       |          | <b>T</b>                          | 0.00         | _        |
| 9.                   |                       | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.                       | \$                     | 1,000.00   | -<br>7 I | \$                                | 0.0          | _        |
|                      |                       |  |                          |                        |            |          |                                   | 1            | _        |
| 10.                  |                       | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$                   |                        | 2,558.00 + |          | 1,621.00                          | ]= \$        | 4,179.00 |
| 11.                  | Incli<br>othe<br>Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:                               | ır depen                 |                        | . ,        | ,        | d in <i>Schedul</i>               | le J.<br>+\$ | 0.00     |
| 12.                  |                       | I the amount in the last column of line 10 to the amount in line 11. The re e that amount on the Summary of Schedules and Statistical Summary of Certalies   |                          |                        |            |          |                                   | \$Combin     |          |
| 12                   | Do.                   | you expect an increase or decrease within the year after you file this forn  | n2                       |                        |            |          |                                   | month        | y income |
| 13.                  |                       | No.  Yes. Explain:   |                          |                        |            |          |                                   |              |          |

Official Form 106l Schedule I: Your Income page 2

|             |                            |                                    |                |  |  | 1                |   |                               |  |  |  |  |
|-------------|----------------------------|------------------------------------|----------------|--|--|------------------|---|-------------------------------|--|--|--|--|
|             | n this informa             | ition to identify yo               | our case:      |  |  |                  |   |                               |  |  |  |  |
| Debt        | tor 1                      | Robert Metchell Ward               |                |  |  |                  | Check if this is:   |                               |  |  |  |  |
| Debtor 2    |                            | Marsha Elaine Ward                 |                |  |  |                  | ☐ An amended filing ☐ A supplement showing postpetition chapter |                               |  |  |  |  |
|             | ouse, if filing)           | mai Sila Lialiie Walu              |                |  |  |                  | 13 expenses as of the following date:                           |                               |  |  |  |  |
| Unite       | ed States Bankr            | ruptcy Court for the               | : NORTH        | IERN DISTRICT OF GEOF  | RGIA                                   |                  | MM / DD / YYYY  |                               |  |  |  |  |
|             | e number<br>nown)          |                                    |                |  |  |                  |   |                               |  |  |  |  |
| Of          | ficial Fo                  | rm 106J                            |                |  |  |                  |   |                               |  |  |  |  |
| Sc          | chedule                    | J: Your                            | Exper          | ises   |  |                  |   | 12/15                         |  |  |  |  |
| info        | rmation. If m              |                                    | eded, atta     | . If two married people ar<br>ch another sheet to this<br>n. |  |                  |   |                               |  |  |  |  |
| Part        |                            | ribe Your House                    | hold           |  |  |                  |   |                               |  |  |  |  |
| 1.          | Is this a joir             |                                    |                |  |  |                  |   |                               |  |  |  |  |
|             | □ No. Go to                |                                    | in a aanar     | oto havoohald?   |  |                  |   |                               |  |  |  |  |
|             |                            |                                    | ın a separ     | ate household?   |  |                  |   |                               |  |  |  |  |
|             | ■ N<br>□ Y                 |                                    | st file Offici | al Form 106J-2, <i>Expense</i> s                             | for Separate House                     | ehold of Deb     | tor 2.  |                               |  |  |  |  |
| 2.          | Do you have                | e dependents?                      | ■ No           |  |  |                  |   |                               |  |  |  |  |
|             | Do not list D<br>Debtor 2. | ebtor 1 and                        | ☐ Yes.         | Fill out this information for each dependent                 | Dependent's relat<br>Debtor 1 or Debto |                  | Dependent's age   | Does dependent live with you? |  |  |  |  |
|             | Do not state               | the                                |                |  |  |                  |   | □ No                          |  |  |  |  |
|             | dependents                 | names.                             |                |  |  |                  |   | ☐ Yes                         |  |  |  |  |
|             |                            |                                    |                |  |  |                  |   | □ No                          |  |  |  |  |
|             |                            |                                    |                |  |  |                  | _   | ☐ Yes<br>☐ No                 |  |  |  |  |
|             |                            |                                    |                |  |  |                  |   | □ Yes                         |  |  |  |  |
|             |                            |                                    |                |  |  |                  |   | □ No                          |  |  |  |  |
|             |                            |                                    |                |  |  |                  |   | ☐ Yes                         |  |  |  |  |
| 3.          |                            | penses include<br>f people other t | han            | No   |  |                  |   |                               |  |  |  |  |
|             |                            | d your depende                     |                | Yes  |  |                  |   |                               |  |  |  |  |
| Part        | 2. Estim                   | ate Your Ongoi                     | na Month       | ly Fynenses  |  |                  |   |                               |  |  |  |  |
| Esti<br>exp | imate your ex              | cpenses as of ye                   | our bankr      | uptcy filing date unless y<br>y is filed. If this is a supp  |  |                  |   |                               |  |  |  |  |
|             |                            |                                    |                | government assistance is cluded it on Schedule I: Y          |  |                  |   |                               |  |  |  |  |
| (Off        | icial Form 10              | )6I.)                              |                |  |  |                  | Your exp  | enses                         |  |  |  |  |
| 4.          |                            | or home owners                     |                | ses for your residence. In                                   | nclude first mortgag                   | e<br>4. §        | S   | 400.00                        |  |  |  |  |
|             | If not includ              | led in line 4:                     | -              |  |  |                  |   |                               |  |  |  |  |
|             | As Pools                   | estate taxes                       |                |  |  | 40.0             | •   | 0.00                          |  |  |  |  |
|             |                            | estate taxes<br>erty, homeowner's  | s. or renter   | 's insurance   |  | 4a. \$<br>4b. \$ |   | 0.00<br>0.00                  |  |  |  |  |
|             |                            | •                                  |                | upkeep expenses  |  | 4c. \$           |   | 100.00                        |  |  |  |  |
|             | 4d. Home                   | owner's associat                   | tion or con    | dominium dues  |  | 4d. \$           |   | 0.00                          |  |  |  |  |
| 5.          | Additional r               | mortgage payme                     | ents for yo    | our residence, such as ho                                    | me equity loans                        | 5. \$            | S   | 0.00                          |  |  |  |  |

|     | otor 1       | Robert Metchell Ward  | 0        | .h ('\$ 1 )    |                                 |
|-----|--------------|---|----------|----------------|---------------------------------|
| Der | NOI Z        | Marsha Elaine Ward  | Case num | ber (if known) |                                 |
| 6.  | Utilit       |   | 0-       | ¢.             | 050.00                          |
|     | 6a.          | Electricity, heat, natural gas  | 6a.      |                | 250.00                          |
|     | 6b.          | Water, sewer, garbage collection  | 6b.      |                | 100.00                          |
|     | 6c.          | Telephone, cell phone, Internet, satellite, and cable services  | 6c.      |                | 199.00                          |
| ,   | 6d.          | Other. Specify:   | 6d.      |                | 0.00                            |
| 7.  |              | l and housekeeping supplies   | 7.       |                | 800.00                          |
| 3.  |              | Icare and children's education costs  | 8.       | · -            | 0.00                            |
|     |              | ning, laundry, and dry cleaning   | 9.       | *              | 200.00                          |
|     |              | onal care products and services   | 10.      | · —            | 50.00                           |
|     |              | cal and dental expenses   | 11.      | <b>»</b>       | 500.00                          |
| ۷.  |              | sportation. Include gas, maintenance, bus or train fare. ot include car payments.   | 12.      | \$             | 450.00                          |
| 3.  |              | rtainment, clubs, recreation, newspapers, magazines, and books  | 13.      | •              | 0.00                            |
|     |              | itable contributions and religious donations  | 14.      |                | 0.00                            |
|     | Insu         | •   |          | <u> </u>       | 0.00                            |
| -   |              | ot include insurance deducted from your pay or included in lines 4 or 20.   |          |                |                                 |
|     | 15a.         | Life insurance  | 15a.     | \$             | 0.00                            |
|     | 15b.         | Health insurance  | 15b.     | \$             | 0.00                            |
|     | 15c.         | Vehicle insurance   | 15c.     | \$             | 160.00                          |
|     | 15d.         | Other insurance. Specify:   | 15d.     | \$             | 0.00                            |
| 6.  | Taxe<br>Spec | s. Do not include taxes deducted from your pay or included in lines 4 or 20. ify:   | <br>16.  | \$             | 0.00                            |
| 7.  |              | Ilment or lease payments:   |          |                | <u> </u>                        |
|     | 17a.         | Car payments for Vehicle 1  | 17a.     | ·              | 0.00                            |
|     |              | Car payments for Vehicle 2  | 17b.     | \$             | 0.00                            |
|     |              | Other. Specify:   | 17c.     |                | 0.00                            |
|     |              | Other. Specify:   | 17d.     | \$             | 0.00                            |
| 8.  |              | payments of alimony, maintenance, and support that you did not report as  |          | <b>Φ</b>       | 0.00                            |
| ۵   |              | cted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).<br>r payments you make to support others who do not live with you. | . 10.    | \$             | 0.00                            |
| υ.  | Spec         |   | 19.      | Φ              | 0.00                            |
| 0.  |              | r real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i>   |          | our Income.    |                                 |
| ٠.  |              | Mortgages on other property   | 20a.     |                | 0.00                            |
|     |              | Real estate taxes   | 20b.     | \$             | 0.00                            |
|     | 20c.         | Property, homeowner's, or renter's insurance  | 20c.     | \$             | 0.00                            |
|     |              | Maintenance, repair, and upkeep expenses  | 20d.     |                | 0.00                            |
|     |              | Homeowner's association or condominium dues   | 20e.     | ·              | 0.00                            |
| 1.  | Othe         | r: Specify:   |          | +\$            | 0.00                            |
|     |              |   |          |                | 0.35                            |
| 2.  |              | ulate your monthly expenses   |          |                |                                 |
|     |              | Add lines 4 through 21.   |          | \$             | 3,209.00                        |
|     | 22b.         | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |          | \$             |                                 |
|     |              | Add line 22a and 22b. The result is your monthly expenses.  |          | \$             | 3,209.00                        |
| კ.  |              | ulate your monthly net income.  | 22       | •              |                                 |
|     |              | Copy line 12 (your combined monthly income) from Schedule I.  | 23a.     |                | 4,179.00                        |
|     | 23b.         | Copy your monthly expenses from line 22c above.   | 23b.     | -\$            | 3,209.00                        |
|     | 23c.         | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .   | 23c.     | \$             | 970.00                          |
| 4.  | For exmodifi |   |          |                | crease or decrease because of a |
|     | □ Ye         | es. Explain here:   |          |                |                                 |

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| Fill in this information to identify your case: |                   |                   |            |                                      |  |  |
|---|-------------------|-------------------|------------|--------------------------------------|--|--|
| Debtor 1  | Robert Metchell V | Vard              |            |                                      |  |  |
|   | First Name        | Middle Name       | Last Name  |                                      |  |  |
| Debtor 2  | Marsha Elaine Wa  | ard               |            |                                      |  |  |
| (Spouse if, filing)                             | First Name        | Middle Name       | Last Name  |                                      |  |  |
| United States Bankruptcy Court for the:         |                   | NORTHERN DISTRICT | OF GEORGIA |                                      |  |  |
| Case number _ (if known)                        |                   |                   |            | ☐ Check if this is an amended filing |  |  |

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|     |  | Your as<br>Value o | ssets<br>f what you own       |
|-----|--|--------------------|-------------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$                 | 0.00                          |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$                 | 38,770.00                     |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$                 | 38,770.00                     |
| Pai | t 2: Summarize Your Liabilities  |                    |                               |
|     |  |                    | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$                 | 37,791.00                     |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$                 | 0.00                          |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$                 | 20,065.00                     |
|     | Your total liabilities   | \$                 | 57,856.00                     |
| Pai | t 3: Summarize Your Income and Expenses  |                    |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$                 | 4,179.00                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$                 | 3,209.00                      |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records   |                    |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | r other sch        | nedules.                      |
|     | ■ Yes What kind of debt do you have?   |                    |                               |

debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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| Robert Metchell Ward<br>Marsha Elaine Ward | Case number (if known) |  |
|--|------------------------|--|
|  |                        |  |

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,853.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total cl | aim       |
|--|----------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |          |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$       | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$       | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$       | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$       | 11,915.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$       | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$      | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$       | 11,915.00 |

| Fill in this info                 | rmation to identify your                                | caso:                    |   |                      |                             |
|-----------------------------------|---|--------------------------|---|----------------------|-----------------------------|
|                                   |   |                          |   |                      |                             |
| Debtor 1                          | Robert Metchell V                                       | Ward Middle Name         | Last Name   |                      |                             |
| Debtor 2                          | Marsha Elaine Wa  |                          | Last Name   |                      |                             |
| (Spouse if, filing)               | First Name  | Middle Name              | Last Name   |                      |                             |
| United States E                   | Bankruptcy Court for the:                               | NORTHERN DISTRIC         | T OF GEORGIA  |                      |                             |
| Case number                       |   |                          |   |                      |                             |
| (if known)                        |   |                          |   |                      | Check if this is an         |
|                                   |   |                          |   |                      | amended filing              |
|                                   |   |                          |   |                      |                             |
| O#:-:-! =-                        | 400D  |                          |   |                      |                             |
|                                   | m 106Dec  |                          |   |                      |                             |
| Declara                           | ition About a   | ın Individua             | I Debtor's Sch  | nedules              | 12/15                       |
| obtaining mone<br>years, or both. | ey or property by fraud ir<br>18 U.S.C. §§ 152, 1341, 1 | n connection with a bar  | es or amended schedules. N<br>nkruptcy case can result in f |                      |                             |
| Sig                               | gn Below  |                          |   |                      |                             |
| Did you p                         | eay or agree to pay some                                | one who is NOT an atto   | orney to help you fill out bar                              | nkruptcy forms?      |                             |
| ■ No                              |   |                          |   |                      |                             |
| ☐ Yes.                            | Name of person  |                          |   |                      | Petition Preparer's Notice, |
|                                   |   |                          |   | Declaration, and Sig | nature (Official Form 119)  |
|                                   | nalty of perjury, I declare<br>are true and correct.    | that I have read the sur | mmary and schedules filed v                                 |                      |                             |
|                                   | bert Metchell Ward                                      |                          | X /s/ Marsha E  |                      |                             |
|                                   | rt Metchell Ward<br>cure of Debtor 1                    |                          | Marsha Elair<br>Signature of De                             |                      |                             |
| Oigilat                           | alo di Dobidi I   |                          | Oignatule of De   | 00101 2              |                             |
| Date                              | October 27, 2021  |                          | Date Octob  | er 27, 2021          |                             |

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA

# RIGHTS AND RESPONSIBILITIES STATEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

Chapter 13 of the Bankruptcy Code gives each debtor ("Debtor") important rights, such as the right to keep property that could otherwise be lost through repossession, foreclosure or liquidation by a Chapter 7 Trustee. Chapter 13 also places burdens on Debtors, however, such as the burden of making complete and truthful disclosures of their financial situation and prompt payments as required by the Plan. It is important for Debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities to the court, the Chapter 13 Trustee and to creditors. Debtors are entitled to expect certain services to be performed by their attorneys, but Debtors also have responsibilities to their attorneys. To assure that Debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Georgia have approved this statement of rights and responsibilities of Debtors and their attorneys in Chapter 13 cases that include, but are not limited to the following, as each case's facts may require more of both Debtor and Debtor's attorney.

#### BEFORE THE CASE IS FILED

#### EACH DEBTOR SHALL:

- 1. Discuss with the attorney the Debtor's objectives in filing the case.
- 2. Timely provide the attorney with full and accurate financial and other information, including, but not limited to:
  - (a) Copies of pay stubs or other evidence of payment received before the date of filing of the petition, as requested by the attorney;
  - (b) Copies of all Federal income tax returns (or transcript of the returns) as requested by the attorney.
- 3. Inform the attorney of any and all prior bankruptcy cases Debtor has filed.
- 4. Provide copies of all bills, notices, statements or communications from creditors, as requested by attorney.

#### THE ATTORNEY SHALL:

- 1. Personally counsel Debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss with Debtor the procedures in both Chapters, as well as non-bankruptcy options, and answer the Debtor's questions.
- 2. Personally explain to the Debtor the requirement of obtaining a certificate from an approved nonprofit budget and credit counseling agency.
- 3. Personally explain to Debtor that the attorney is being engaged to represent Debtor on all matters arising in the case, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 4. Personally review with Debtor and obtain Debtor's signature on the completed petition, plan, as well as the Statement of Financial Affairs, Income and Expenses, and other statements as well as the various schedules (the "Schedules"), and all amendments thereto, whether filed with the petition or later. The Schedules may be prepared initially with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing by Debtor.
- 5. Timely prepare and file Debtor's petition, plan, Schedules, statement of monthly net income, and any other required pleading.
- 6. Explain to Debtor how, when and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 Trustee, with particular attention to

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housing, vehicle, and domestic support obligation payments.

- 7. Advise Debtor of the need to maintain appropriate insurance especially for house and vehicle.
- 8. Inform Debtor of the need to potentially provide attorney with copies of each Federal income tax return (or transcript of the return) for each tax year ending while the Debtor is in the case.

#### AFTER THE CASE IS FILED

#### EACH DEBTOR SHALL:

- 1. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income, a photo identification card, and proof of Social Security number. Acceptable forms of proof of identification are: driver's license; government ID; state picture ID; student ID; U.S. passport; military ID; resident alien card. Acceptable forms of proof of Social Security number are: Social Security Card; medical insurance card; pay stub; W-2 form; IRS form 1099; Social Security Administration Report. Debtor must be present both in time for check-in and when the case is called for the actual examination.
- 2. Make the required payments to Trustee and to such creditors as are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 3. Promptly provide attorney, upon their request, evidence of all payments made directly to creditors and Trustee, including amount and date of payment.
- 4. Notify the attorney immediately of any change in Debtor's address or telephone number.
- 5. Inform the attorney of any wage garnishments, liens or levies on assets that occur or continue after the filing of the case.
- 6. Contact the attorney immediately if Debtor loses employment, is "laid off" or furloughed from work or has any significant change in income; experiences any other significant change in financial situation, including serious illness, personal injury, lottery winnings, or an inheritance.
- 7. Notify the attorney immediately if Debtor is sued or wishes to file a lawsuit, including divorce, matters regarding personal or property injury (including any worker's compensation matters), and any other matter in which Debtor is involved in a lawsuit or legal action outside this court.
- 8. Inform the attorney immediately if any tax refunds to which Debtor is entitled are seized or not received when due from the IRS or Georgia Department of Revenue.
- 9. Contact the attorney before buying, refinancing, or contracting to sell real property, and before entering into any loan agreement.
- 10. Complete an instructional course concerning personal financial management prior to receiving a discharge.

### THE ATTORNEY SHALL:

- 1. Advise Debtor of the requirement to attend the meeting of creditors, and notify or remind Debtor of the date, time, and place of the meeting, in such detail as is helpful or necessary to Debtor's appearance.
- 2. Inform Debtor that Debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide competent legal representation for Debtor at the meeting of creditors, appear in time for check-in and the actual examination and, unless excused by Trustee, for the confirmation hearing.
- 4. If an attorney not employed by Debtor's attorney's law firm (a "contract" attorney) will be attending Debtor's 341 meeting or any court hearing, personally explain to Debtor in advance the role and identity of the contract

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attorney, obtain Debtor's written permission for the contract attorney to represent Debtor and provide the contract attorney with the file in sufficient time to review and discuss it with Debtor prior to such representation.

- 5. Make all reasonable efforts for the individual attorney who met with Debtor to attend the § 341 meeting or any other court hearing. However, if that attorney is unavailable then an attorney will be present on behalf of the Debtor with knowledge of the Debtor's case and authority to make any modifications to Debtor's plan deemed necessary.
- 6. Timely submit to Trustee properly documented proof of income for each Debtor, including business reports for self-employed debtors, and all required pay advises and tax returns or transcripts.
- 7. Timely respond to objections to plan confirmation, and where necessary, prepare, file and serve amended Schedules or an amended plan.
- 8. Timely prepare, file, and serve any necessary annual financial statements, amended statements and Schedules, and any change of address, in accordance with information provided by each Debtor.
- 9. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact promptly Trustee or Debtor regarding any discrepancies.
- 10. Promptly respond to Debtor's questions through the term of the plan.
- 11. Timely prepare, file and serve necessary modifications to the plan after confirmation, including modifications to suspend, lower, or increase plan payments.
- 12. Prepare, file and serve necessary motions to buy or sell property and to incur debt.
- 13. On or before 60 days after the general bar date, certify the attorney has reviewed claims with Debtor, prepared, filed and served objections to improper or invalid claims and filed claims within 30 days after the bar date for creditors who fail to file claims when such failure will adversely affect Debtor's case or its successful completion and discharge or such failure will adversely affect Debtor after case completion and discharge.
- 14. Timely confer with Debtor and respond to any motion to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase percentage payment to unsecured creditors.
- 15. Timely confer with Debtor and respond to motions for relief from stay.
- 16. Timely prepare, file, and serve appropriate motions to avoid liens.
- 17. Provide any other legal services necessary for the administration of the case.

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court** Northern District of Georgia

| In r | Robert Metchell Ward  Marsha Elaine Ward   |   | Case N  | 0.                            |             |  |  |  |
|------|--|---|---|-------------------------------|-------------|--|--|--|
|      | maiona Biamo Hara  | Debtor(s)   | Chapte  | r 13                          |             |  |  |  |
|      | DISCLOSURE OF COMPENSA   | TION OF ATTO  | RNEY FOR  | DEBTOR(S)                     |             |  |  |  |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of or in  | he petition in bankruptc  | y, or agreed to be p  | aid to me, for services rende | red or to   |  |  |  |
|      | For legal services, I have agreed to accept  |   | \$  | 4,975.00                      |             |  |  |  |
|      | Prior to the filing of this statement I have received  |   |   | 0.00                          |             |  |  |  |
|      | Balance Due  |   |   | 4,975.00                      |             |  |  |  |
| 2.   | The source of the compensation paid to me was:   |   |   |                               |             |  |  |  |
|      | ✓ Debtor   |   |   |                               |             |  |  |  |
| 3.   | The source of compensation to be paid to me is:  |   |   |                               |             |  |  |  |
|      | ✓ Debtor   |   |   |                               |             |  |  |  |
|      | If the case is <u>converted prior</u> to confirmation of the p   | olan, Debtor directs th   | e Trustee to pay  | fees to Debtor's attorney f   | from the    |  |  |  |
|      | funds available of \$ <b>2,500.00</b> (amount not to exceed \$2,500); If the case is <u>dismissed prior</u> to confirmation of the plan,   |   |   |                               |             |  |  |  |
|      | fees for Debtor's attorney of \$ are allowed pursuant to General Order 18-2015 and shall be paid by the Trustee  |   |   |                               |             |  |  |  |
|      | from the funds available without a fee application. Debtor's attorney may file a fee application for fees sought over \$2,500.00   |   |   |                               |             |  |  |  |
|      | within 10 days of the Order of Dismissal; If the case is converted after confirmation of the plan, Debtor directs the Trustee to   |   |   |                               |             |  |  |  |
| Con  | pay to Debtor's attorney from the funds available, an firmation of the plan, Trustee shall pay to Debtor's attorned  |   |   |                               | <u>fter</u> |  |  |  |
| 4.   | ✓ I have not agreed to share the above-disclosed compensation  | on with any other perso   | n unless they are m   | embers and associates of my   | law firm.   |  |  |  |
|      | ☐ I have agreed to share the above-disclosed compensation very of the agreement, together with a list of the names of  |   |   |                               | firm. A     |  |  |  |
| 5.   | In return for the above-disclosed fee, I have agreed to render le  | egal service for all aspe   | cts of the bankrupto  | y case, including:            |             |  |  |  |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and rendering a</li> <li>b. Preparation and filing of any petition, schedules, statement</li> <li>c. Representation of the debtor at the meeting of creditors and</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reduce reaffirmation agreements and applications as 522(f)(2)(A) for avoidance of liens on household</li> </ul> | of affairs and plan which<br>d confirmation hearing,<br>e to market value; ex<br>s needed; preparatio | ch may be required;<br>and any adjourned<br>cemption planni | nearings thereof;             | g of        |  |  |  |
| 6. B | By agreement with the debtor, the above-disclosed fee doe  | es not include the follo  | owing services:   |                               |             |  |  |  |
|      | <u>Service</u>   | Fee   | 2   |                               |             |  |  |  |
| Busi | iness Case Designation by Ch. 13 Trustee   | \$1250  | 0.00  |                               |             |  |  |  |
| Aud  | lit by U.S. Trustee  | \$825   | .00   |                               |             |  |  |  |
| Post | c-Confirmation modification to add creditor  | \$100   | .00   |                               |             |  |  |  |

\$300.00

Post-Confirmation modification-change in

income/employment

| In re | Robert Metchell Ward<br>Marsha Elaine Ward |           | Case No. |  |
|-------|--|-----------|----------|--|
|       |  | Debtor(s) |          |  |

## **DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

(Continuation Sheet)

| Post-bar date review lien avoidance                   | \$300.00 |
|---|----------|
| Other post-bar date review modifications              | \$300.00 |
| Post-Confirmation MFRS for nonpayment or no insurance | \$300.00 |
| Post-Confirmation MFRS re: payment disputes           | \$500.00 |
| Motion to suspend plan payments/excuse default        | \$300.00 |
| Motion to sell property of the estate                 | \$500.00 |
| Motion to Retain Tax Refund(s)                        | \$400.00 |
| Motion to approve compromise                          | \$500.00 |
| Application to employ professional                    | \$300.00 |
| Applications/motions to refinance                     | \$300.00 |
| Post-bar date: Trustee Motion to Dismiss              | \$200.00 |
| Loan Modification                                     | \$500.00 |
| Hardship Discharge Motions                            | \$400.00 |
| Post-Confirmation stay violations                     | \$500.00 |
| Objections to claims (post-confirmation)              | \$250.00 |
| Motion to Incur Debt                                  | \$500.00 |
| Motion to reopen or vacate dismissal                  | \$500.00 |
| Motion to reconsider / re-impose stay                 | \$500.00 |
|   |          |

### **Hourly Services**

| Adversary Proceedings   | \$275/hr |
|---|----------|
| Appellate Practice  | \$275/hr |
| Evidentiary hearings for purposes other than a Motion to Strip Lien | \$275/hr |

(Any services not specifically set forth above are deemed to fall within the Base Fee category)

| In re | Robert Metchell Ward<br>Marsha Elaine Ward |           | Case No. |  |
|-------|--|-----------|----------|--|
|       |  | Debtor(s) | -        |  |

## **DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

(Continuation Sheet)

|   | CERTIFICATION                        |  |  |  |  |  |
|---|--------------------------------------|--|--|--|--|--|
| I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. Pursuant to General Order No. 9, I certify that I provided to the debtor(s) a copy of the "Rights and Responsibilities Statement Between Chapter 13 Debtors and Their Attorneys." |                                      |  |  |  |  |  |
| October 22, 2021 /s/ Jeffrey B. Kelly   |                                      |  |  |  |  |  |
| Date  | Jeffrey B. Kelly 412798              |  |  |  |  |  |
|   | Signature of Attorney                |  |  |  |  |  |
|   | Law Office of Jeffrey B. Kelly, P.C. |  |  |  |  |  |
|   | 107 E. 5th Avenue                    |  |  |  |  |  |
|   | Rome, GA 30161                       |  |  |  |  |  |
| 678-861-1127  |                                      |  |  |  |  |  |
|   | lawoffice@kellycanhelp.com           |  |  |  |  |  |
|   | Name of law firm                     |  |  |  |  |  |

## **United States Bankruptcy Court** Northern District of Georgia

| In re   | Robert Metchell Ward<br>Marsha Elaine Ward |                          | Case No. |                     |  |
|---------|--|--------------------------|----------|---------------------|--|
|         |  | Debtor(s)                | Chapter  | 13                  |  |
| The abo |  | FICATION OF CREDITOR MA  |          | of their knowledge. |  |
| Date:   | October 27, 2021                           | /s/ Robert Metchell Ward |          |                     |  |
|         |  | Robert Metchell Ward     |          |                     |  |
|         |  | Signature of Debtor      |          |                     |  |
| Date:   | October 27, 2021                           | /s/ Marsha Elaine Ward   |          |                     |  |
|         |  | Marcha Flaine Ward       |          |                     |  |

Signature of Debtor

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$78       | administrative fee |
| + \$15     | trustee surcharge  |
| \$338      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee \$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

| Fill in this information to identify your case:                      |                      |  |  |  |  |  |
|--|----------------------|--|--|--|--|--|
| Debtor 1   | Robert Metchell Ward |  |  |  |  |  |
| Debtor 2<br>(Spouse, if filing)                                      | Marsha Elaine Ward   |  |  |  |  |  |
| United States Bankruptcy Court for the: Northern District of Georgia |                      |  |  |  |  |  |
| Case number (if known)   |                      |  |  |  |  |  |

| Check as directed in lines 17 and 21: |  |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|--|
| 1                                     | According to the calculations required by this Statement:            |  |  |  |  |  |
| -                                     | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |  |
|                                       | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).     |  |  |  |  |  |
|                                       | 3. The commitment period is 3 years.                                 |  |  |  |  |  |
|                                       | 4. The commitment period is 5 years.                                 |  |  |  |  |  |
| ☐ Check if this is an amended filing  |  |  |  |  |  |  |

## Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 1,849.00 2,004.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 0.00 Copy here -> \$ 0.00 \$ Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

| btor 1<br>btor 2                             | Robert Metchell Ward<br>Marsha Elaine Ward   |  |  | Case numbe        | r (if known)  |                     |           |          |
|--|--|--|--|-------------------|---------------|---------------------|-----------|----------|
|  |  |  |  | Column A Debtor 1 |               | Column B Debtor 2 o | or        |          |
| 7. Inte                                      | erest, dividends, and royalties  |  |  | \$                | 0.00          | \$                  | 0.00      |          |
|  | employment compensation  |  |  | \$                | 0.00          | \$                  | 0.00      |          |
|  | not enter the amount if you contend that the Social Security Act. Instead, list it here:   | he amount received was a ben   | efit under   | ·                 |               |                     |           |          |
|  | For you  | \$   | 0.00   |                   |               |                     |           |          |
| F  | or your spouse   | \$   | 0.00   |                   |               |                     |           |          |
| ber<br>not<br>Uni<br>disa<br>pay<br>doe      | nsion or retirement income. Do not include the social Security Act. Also, expending the social Security Act. Also, expe | de any amount received that we<br>accept as stated in the next sent<br>annuity, or allowance paid by<br>a disability, combat-related in<br>ned services. If you received a<br>clude that pay only to the exten<br>which you would otherwise be   | tence, do<br>the<br>jury or<br>ny retired<br>t that it | \$                | 0.00          | \$                  | 0.00      |          |
| Do<br>und<br>cor<br>crir<br>cor<br>Go<br>dea | ome from all other sources not listed at not include any benefits received under the fer the Federal law relating to the national ter the National Emergencies Act (50 U.S. conavirus disease 2019 (COVID-19); paymene, a crime against humanity, or internation pensation, pension, pay, annuity, or allow vernment in connection with a disability, count of a member of the uniformed services warate page and put the total below.   | ne Social Security Act; paymen emergency declared by the Pr.C. 1601 et seq.) with respect to tents received as a victim of a v | ts made<br>resident<br>o the<br>war<br>es              |                   |               |                     |           |          |
|  |  |  |  | \$                | 0.00          | \$                  | 0.00      |          |
|  |  |  |  | \$                | 0.00          | \$                  | 0.00      |          |
|  | Total amounts from separate pages,   | , if any.  |  | \$                | 0.00          | \$                  | 0.00      |          |
|  | culate your total average monthly income the column. Then add the total for Column in  |  | \$   | 1,849.00          | <b>+</b> \$ _ | 2,004.00            |           | 3,853.00 |
| art 2:                                       | Determine How to Measure Your De   | ductions from Income   |  |                   |               |                     |           | •        |
|  | py your total average monthly income for culate the marital adjustment. Check or You are not married. Fill in 0 below.   |  |  |                   |               |                     | \$        | 3,853.00 |
|  | You are married and your spouse is filin   | g with you. Fill in 0 below.   |  |                   |               |                     |           |          |
|  | You are married and your spouse is not Fill in the amount of the income listed in dependents, such as payment of the spouse Below, specify the basis for excluding the adjustments on a separate page.   | line 11, Column B, that was N ouse's tax liability or the spous is income and the amount of ir   | e's suppor   | t of someone      | e other tl    | nan you or you      | ur depend | ents.    |
|  | If this adjustment does not apply, enter (   | J DeIOW.   | \$   |                   |               |                     |           |          |
|  |  |  | _  |                   | _             |                     |           |          |
|  |  |  | +\$  |                   |               |                     |           |          |
|  | Total  |  | \$   | 0.0               | c             | opy here=>          |           | 0.00     |
|  |  |  |  |                   |               |                     |           |          |
| 4. <b>Y</b> 0                                | our current monthly income. Subtract lin   | ne 13 from line 12.  |  |                   |               |                     | \$        | 3,853.00 |
| 5. <b>C</b>                                  | alculate your current monthly income for   | or the year. Follow these step   | os:  |                   |               |                     |           |          |
| 15   | 5a. Copy line 14 here=>  |  |  |                   |               |                     | \$        | 3,853.00 |

| Debtor 1<br>Debtor 2 | Robert Metchell Ward<br>Marsha Elaine Ward  | Case number (if known) |             |
|----------------------|---|------------------------|-------------|
|                      | Multiply line 15a by 12 (the number of months in a year).                             |                        | <b>x</b> 12 |
| 1                    | 5b. The result is your current monthly income for the year for this part of the form. |                        | \$46,236.00 |

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Marsha Elaine Ward Debtor 2 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. GA 16b. Fill in the number of people in your household. 2 16c. Fill in the median family income for your state and size of household. 68,295.00 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 3,853.00 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 3,853.00 19b. Subtract line 19a from line 18. \$ Calculate your current monthly income for the year. Follow these steps: 3,853.00 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 20b. The result is your current monthly income for the year for this part of the form 46,236.00 20c. Copy the median family income for your state and size of household from line 16c \$ 68,295.00 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Robert Metchell Ward X /s/ Marsha Elaine Ward **Robert Metchell Ward** Marsha Elaine Ward Signature of Debtor 1 Signature of Debtor 2 Date October 27, 2021 Date October 27, 2021 MM / DD / YYYY MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

**Robert Metchell Ward** 

Debtor 1

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Capital One Bank USA NA 10700 Capital One Way Glen Allen, VA 23060

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